400	1 (M	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2	1201
- Anna	7	13386 CERTIFICATE OF DEATH	3380
eath	impletely filled in by the funeral becomes pages 1 and 2 yeart, within 72 hours after death	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Resid	ence before admission)
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cate	sician please II, and I	Agent Fire Insurance Wicomico, Maryland 13. FAITHERS NAME 14. MOTHERS MAIDEN NAME	U.B.A.
E	phy en ova	Handy A. Adkins Minnie Wilkins	
4	e 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	15. WAS DECEASED EVED IN U.S. ARMED EDDCES? 1A. SOCIAL SECURITY NO. 17. INFORMANT Address: 3	urst Ave.
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92	physicion. signed by the attending physician ar buriol-transit permit. Then please re buriol, cremation, or removal, and the	IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	INTERVAL BETWEEN ONSET AND DEATH
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5	pid fe	OR CONTRIBUTING THE AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
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A	and the second s	ATTENDING MED. STAFF	DATE SIGNED
~ %	DIR ed 3	M.D. PHYS. DIRECTOR LI PHYS.	
TAL	AL AL Poor	22c. PHYSICIAN'S NAME(Type) Frank R. Lewis MD 22d. ADDRESS Willards. Maryland	
O HOSPITAL	Page 4 may be retained by the haspital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buriol-tran should be filed with the State Dept. of Health prior to buriol, crea	230. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)
3	direct should be a	RFMOVAL (Specify)	arvland
2		TOUTIA'1 9/27/1966 Parsons Salisbury M 24. FUNDEAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR:	
	VR A15 (4)	Snow Hill, Md. DATE SEP 28 1966 gold	arley Judge
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH るるこ and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY hours after Wicomico Pages aft Wicomico arustand MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b completely filled in by a ye carbon papers. Page event, within 72 hours a Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Peninsula General Hospital Lenwood Street NO Y YES within 3. NAME OF DATE Month Day Year Middle Last 4. DECEASED compl (Type or print) DEATH 00 10 executed 5. SEX 8. DATE OF BIRTH 6. COLOR OR RACE AGE (In years LIF UNDER 1 YEAR) IF UNDER 24 HRS emove 9. NEVER MARRIED 7. MARRIED last birthday) | Months | Days Hours any and WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) attending physician rmit. Then please death certificate be during most of working life, even if retired) COUNTRY? INDUSTRY Housewile 3. FATHER'S NAME 0 MOTHER'S MAIDEN NAME remova James S. 15, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT transit permit. 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give war or dates of service) Salisbury, Maryland awrence Albert in signed by the burial-transit is burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. DUE TO Conditions, If any, which (b) peen gave rise to immediate the or to DUE TO cause (a), stating the as th underlying cause last. aw. ERTIFICATION WAS AUTOPSY r this certificate he detached for use a te Dept. of Health p PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO Y YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of Item 18.) (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) After After out be Hour a.m. While Not While ATTENDING at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should iled with the and that death occurred at 24M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE STAFF M.D. PHYS. DIRECTOR PHYS. TO FUNERAL E шау pa 22C. PHYSICIAN'S 22d. **ADDRESS** NAME (Type) BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY (State) DATE THEREOF LOCATION (City, town or, county) OVAL/(Specify) Virginia Vaiseu emeteru **ADDRESS** 25b. REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR** 25a. REC'D BY REGISTRAR Salver Funeral Home VR A15 (4) 20M 1/65

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1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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filled in by the funeral apers. Pages 1, and 2 apers, Pages 1, and 2 n 72 hours after death	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a, STATE b. COUNTY b. COUNTY
sician and completely filled in by the lease remove carbon papers. Pages 1 and in any event, within 72 hours after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
31	Salisbury \tag{3-2}
80	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Peninsula General Hospital d. STREET ODRESS ON A FARM? YES \(\sum \) NO \(\sum \)
	3. NAME OF First Middle Last 4. DATE Month Day Year
	(Type or print) WILLIAM NICE ALLEN DEATH STEMBER 8 1966
9	MALE NEGRO WIDOWED DIVORCED NOV. 18, 1892 13 yrs. Months Days Hours Min.
4	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (County & State, er foreign country) 12. CITIZEN OF WHAT COUNTRY2
	13. FATHER'S NAME
	HMOS HIEN SOCIAL SECURITY NO. 17. INFORMANT AGGRESS A
	(Yes, th, or unknown) (If yes give war or dates of service) 2907-3795 Flossie Allen Stock ton, Md.
	18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY:
	IMMEDIATE CAUSE (a) FRESTER CETOTY PULLVITE 12571
	conditions, if any, which DUE TO PASSELLOWING & YEARS
	gave rise to immediate cause (a), stating the DUE TO
	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIOUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
01	YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.) UNDERSTOOM TO BE THE PART II OF ITEM 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. p.m. 19 20d. INJURY OCCURRED factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
	21. I certify that (I) (this hospital) attended the deceased from
	22a. SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNED
,	22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS 22d. ADDRESS
	24,0 40.41
R	BURIAL CREMATION, 23b. DATE THEREOF 1230. NAME OF DEMETERY OF CREMATORY 23d. 100ation (City, town for county) (State) BURIAL CREMATION, 23b. DATE THEREOF 1230. NAME OF DEMETERY OF CREMATORY 23d. 100ation (City, town for county) (State)
0	24. PUNERAL DIRECTOR 1 ADDRESS VO. DATE SEP 15 1966 POLICY ONLESS OF THE SEP 15 1966 POLICY ONLESS ONLESS OF THE SEP 15 1966 POLICY ONLESS OF THE SEP 15 1966 POLICY
5	Directed Sorry LYEN Church, Va. DATE DET 15 1966 Cuarley Judge

Perdunding Seminary 1991 Acx 15 2 15 AS SEE No. 18 1892 73 Laboret Waterman Md. U.S.A. Answ Alten South Skymson NG - 290-13195 Flossie Alken Stocken, Pld. MANUAL PROPERTY STATES SASAN A -- FAIRT-INNER Principal and the second of th BURGOL 9-13-66 HOPE PRINCHELL CHIM. SHOCK YOU. MILL. Consider the Comment of the Contract of the co

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH deoth. within 24 hours after death I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Wicomico **L. COLINTY** MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
Salisbury C. LENGTH OF STAY IN 16 c. CITY OR JOWN (If autside carporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address), IS RESIDENCE ON A FARM? d STREET ADDRESS Peninsula General Hospital YES NO 3. NAME OF Middle DATE Year Last Doy DECEASED OF DEATH MSTRONG erTember 25, 1966 (Type or print) The low requires that the death certificate be executed S. SEX 6 COLOR OR RACE 7. MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR NEVER MARRIED last birthday) in ony WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 10a USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during mast of working life, even if retired) COUNTRY? and 13. FATHER'S NAME 14 MONHER'S MAIDEN NAME removo IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, na ortinknown) (If yes give war ar dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) buriol-transit ET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) à Page 4 may be retained by the haspital or ottending physician. DUE TO signed Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause use os the lath prior to b O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDUCTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO or 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Day, Year (City or town) (State) Not While factory, street, office bldg., etc.) at work 21. I certify that (I) (this haspital) attended the deceased fram should and that death accurred at 30 cm, fram causes and an the date stated above saw the deceased alive a 22b. DATE SIGNED 22a, SIGNATURE M.D. DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) director, 23g. BURIAL CREMATION. 23d. LOCATION (City or Town) 23b. DATE THEREO NAME OF CEMETERY OR CREMATORY (State) (County) REMOVAL (Specify) FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Munice Indee

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FOR STATE

HEALTH DEPT

the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm

2, and 3 ta PM3. Page

in pencil in Item 18. Give Pages 1,

This certificate shauld be executed within 24 haurs after death.

pending

please execute the certificate, writing the ward

TO DEPUTY MEDICAL EXAMINER:

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with the State Department af

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O FUNERAL DIRECTOR: Page 3 should be

may be retained far yaur files.

Health or its designated agent, priar to burial, crematian, or remayal,

event within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	10334		INIEDI	CAL EXAMINEK	CERTIFICATE C	JE DEATH	13384	
	PLACE OF DEATH				2. USUAL RESIDENCE	(Where deceased lived, if inst	titution: Residence L	pefare admission)
	d. CODINI	Vicomico		MARYLAND		vland		omico
	b. CITY OR TOWN (If autside carparate limit	s,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside carparate limits, write	RURAL and give ne	earest town)
	WITTE KUKAL UIL	alisbury			Sal	isbury	-	22-1
4		AL OR INSTITUTION (If n	, ,		d. STREET ADDRESS			e. IS RESIDER
	DOA	Peninsula	General	. Hospital	141	Second St.		YES N
	NAME OF		irst	Middle	Last		Aanth .	Day Year
	DECEASED (Type or print)	FR	ANK	J.	AUSTIN	OF DEATH	9-24-66) 19
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in year) last birthdoy		
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		(Give kind of work done		ND OF BUSINESS OR DUSIRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZE	N OF WHAT
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13.	FATHER'S NAME	10	77-		14. MOTHER'S MAIDEN	NAME .	1	
	trans	e Gux	elin		Thoche	Truesle	N	
		R IN U.S. ARMED FORCES?		OCIAL SECURITY NO. 17	INFORMANT	1 - Began	ddress no 15	Tresuri
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		ATH (Enter only one co	use per line far	(a), (b), and (c).)				INTERVAL BETWE
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(o) Fra	ctured cervi	cal spine			Sudden Sudden
	125	DUE	TO					
	Conditions, if any		(b)					
-	stating the unde	Line Committee C	10					
	last.)	(c)					
z	PART II, OTHER SI	GNIFICANT CONDITIONS	ONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART I(a)		19. WAS AUTOPS PERFORMED
A	Fracti	ured left f	'emur ar	d fracture di	islocation r	ight knee		YES NO
Ĭ	20g. EXTERNAL CA		20b. DES	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 1 of item 18.)				
CER	PRIMARY To ar CO CAUSE OF DEATH.	MINDUMO LI	Pa	ssenger in a	ito involved	in one-car a	accident.	
OICA	20c. TIME OF INJU	JRY Month, Day, Year		JURY OCCURRED 20e. P				y) (Sto
ME	Haur Ba	9-21-6619	While	Nat While	actory, street, attice bidg, etc	n Hd. Dolman	Succes	Do l

21. I certify that Ltook charge of the remains described above, held on Autopsy

death resulted

Del. bussex and in my opinion

Undetermined manner

25b.

ACTUAL SIGNATURE Har Royer. **EXAMPNER'S** Camden

Natural apuses

ASSISTANT MEDICAL EXAMINER Sept. 26, 1966 DEPUTY MEDICAL EXAMINER Address (Street, city, tawn, or county)

BURIAL, CREMATION, REMOVAL (Specify)

Salisbury,

Suicide |

Accident X

VR A15ME (5)

24. FÜNERAL DIRECTOR Jolley Funeral Home, Salisbury, Md.

DATE THEREOF

250. REC'D BY REGISTRAR

Homicide |

CHIEF MEDICAL EXAMINER

REGISTRAR'S SIGNATURE

IS RESIDENCE ON A FARM? ES NO

19 IF UNDER 24 HRS.

INTERVAL BETWEEN ONSET AND DEATH Sudden

WAS AUTOPSY PERFORMED?

NO SE

(State)

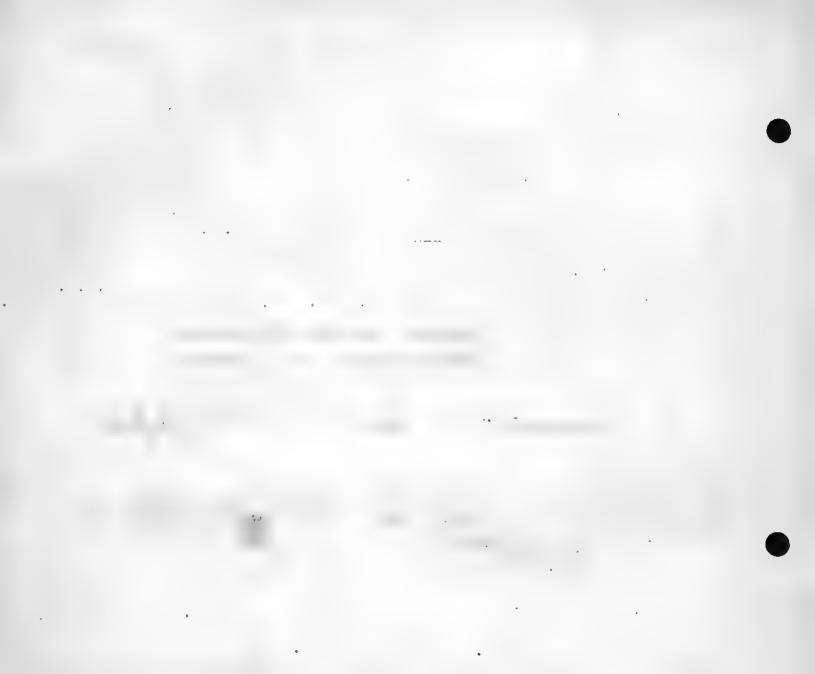
22. DATE SIGNED

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death, and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) 1. a. COUNTY b. COUNTY Bonnecset Wicomico MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b oon papers. Pag within 72 hours Princess Anne Salisbury .⊑ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? filled d. STREET ADDRESS Peninsula General Hospital No.X YES etely executed within carbon 3. NAME OF First Middle Last DATE Mon th Day Year DECEASED and complet remove carb n any event, v S. (Type or print) DEATH fin years | IF UNDER 1 YEAR | IF UNDER 24 HRS. birthday) | Months | Days | Hours | Min 6. COLOR OR RACE DATE OF BIRTH AGE 7. MARRIED NEVER MARRIED DIVORCED IX NOV ... WIDOWED [physician and please reval, and in 166. USUAL OCCUPATION (Give kind of work done during most of working lite, even if retired) INDUSTRY 12. CITIZEN OF WHAT .= 11. BIRTHPLACE (County & State, or foreign country) The law requires that the death certificate be Somerset Maryland Co FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phy rmit. Then p n. or removal, Mary E. Howeth Samuel Barnes 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address been signed by the atten the burial-transit permit. It to burial, cremation, or (Yes, no, or unknwn) I (If yes tive war or dates of service) Baltimore. George W. Barnes: 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the prior underlying cause last. 83 WAS AUTOPSY CERTIFICATION PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health use PERFORMED? certificate NO YES [20a. ACCIDENT WAS UNDERLYING [] DR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) ō MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. After While Not While at work at work retained 7 196 19 6 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the #3M. from the causes and on the date stated above. 64 and that death occurred at 2 saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING M.D. DIRECTOR PHYS. O FUNERAL director, pa Dai O HOSPITAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION. 23b. REMOVAL (Specify) 2 Anne, Princess Manokin Presbyterian 966 ıriad REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS VR A15 (4) 1/65



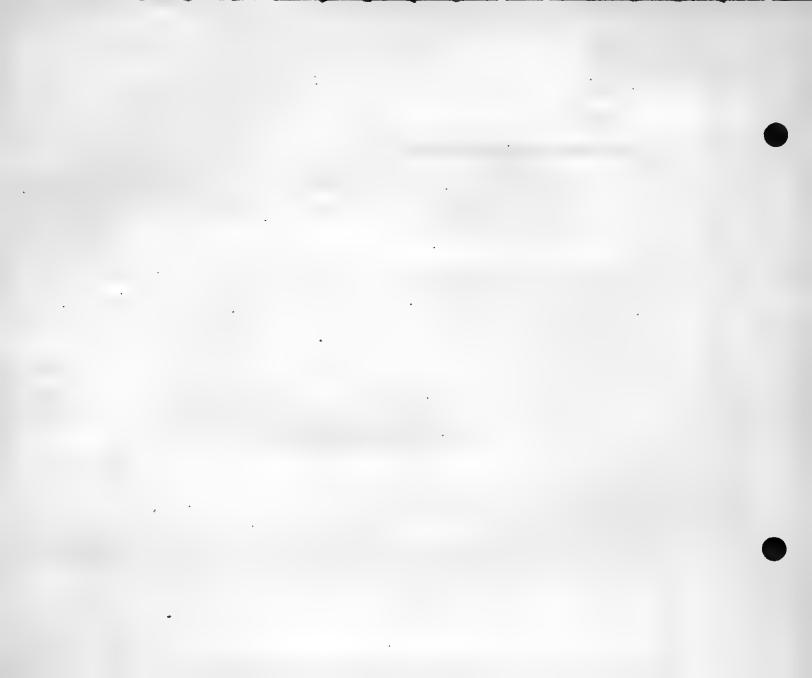
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 deathin hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before adm/ssion) a. COUNTY b. COUNTY s. Pages 1 hours after Wicomico Maryland MARYLAND Worcester b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural-Pocomoke City days Salisbury filled is d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 24 ON A FARM? within Peninsula General Hospital R.F.D. YES NO X etely LOG. 3. NAME OF First Middle DATE Month Day Year Last DECEASED and complet remove carbo any event, v OF (Type or print) F. DEATH 10 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR IFUNDER 24 HRS last pirthday) Months | Days | Hours | Min. 7. MARRIED [9. NEVER MARRIED Months I Days Hours 1880 WIDOWED X DIVORCED [6 yrs. physician of please responsible and in = = 10a. USUAL OCCUPATION (Cive kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country)
ACCOMACK County, 12. CITIZEN OF WHAT certificate be during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A. Housewife Virginia 13. FATHER'S NAME 14. MOTRER'S MAIDEN NAME attending rmit. Ther Thurgood Fisher Tabitha Kelley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 50 death (Yes, no, or unkown) (If yes give war or dates of service) been signed by the atters the burial-transit permits to burial, cremation, o No Pocomoke City, Md Mrs 5. None Francis Hall. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH The law requires that the PART I, DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to Immediate as the prior to DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN HART 1(a) certificate hither than the of Health p 119. WAS AUTOPSY PERFORMED? YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this certif detached for te Dept. of I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part Vor Part V of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work p.m. retained DIRECTOR: A 0 10 21. I certify that (I) (this hospital) attended the deceased from as 30 om, from the causes and on the date stated above. saw the deceased alive on and that death occurred 22a. SICNATURE 22b. DATE SICNED 9 STAFF M.D. PHYS. DIRECTOR PHYS 4 may E II FUNERAL PHYSICIAN'S 22c. ADDRESS director, p NAME (Type) Salisbury Marvland Page BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) 2 6-1966 9 Nelson Cemeterv Worcester County FUNERAL DIRECTOR REC'D BY RECISTRAR 25b. Pocomoke City, Md . DATE A15 (4) 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. 1. PLACE DE DEATH 2. USUAL RESIDENCE (Where deceased lived, 1f institution; Residence before admission) a. COUNTY a. STATE b. COUNTY Wicomico Wicomico MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury Salisbury Rural E d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) filled Leonards Hone d. STREET ADDRESS Dal Morris Peninsula General Hospital death certificate be executed within etely carbon FRANCES (MARIAN MIddle Last DATE Month Day DECEASED DF event. BEDSWORTL СОПР (Type or print) DEATH 10 1966 and con 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS last blithday) any Days WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? House work at home None Md. S Mardela(Wico.Co U A 13. FATHER'S NAME MOTHER'S MAIDEN NAME removal attending primit. Then Stanley Bedsworth Sallie Messick 15. WAS DECEASED EVER IN U.S. ARMED FORCES? d by the attend transit permit. cremation, or n 16. SOCIAL SECURITY NO. Mrs. Adelean Driscoll (Sister-In-Law) (Yes, no. or unknown) I(II ves hive war or dates of service) No Salisbury Maryland 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) paugi been souries, burial, Cenditions, If any, which rise to immediate DUE TO cause (a), stating the underlying cause last. as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? certificate NO [PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part | or Part || of Item 18.) P 0 2 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 12De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work P should th the 21. I certify that (I) (this hospital) attended the deceased from 19 to. DIRECTOR: age 3 should led with the 19 66 and that death occurred at 6 13 M, from the causes and on the date stated above. saw the deceased alive on SIGNATURE DATE SIGNED page ATTENDING PHYS. STAFF PHYS. DIRECTOR M.D. PHYSICIAN'S Ψā FUNERAL 22d. ADDRESS director, p NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. LOCATION (City, town or county) (State) 966 Bethol Church Cem. Walston(Wicomico **FUNERAL DIRECTOR** 25b. REGISTRAR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR SALISBURY, MARYLAND COMPANY VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 after death. PLACE DE DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY b. COUNTY DRCGSTG Wicomico MARYLANO AR DEAM 13 b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENCTH OF STAY IN 1b Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AGORESS a. IS RESIDENCE filled ON A FARM? Peninsula General Hospital NO 🔀 YES completely death certificate be executed within carbon 3. NAME OF First DATE Manth Day Year Middie Last DECEASED DEATH 19 (Type or print) AGE (In years IF UNOER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE OATE OF BIRTH 9. 7. MARRIEO TO NEVER MARRIEO DIVORCEO WIDOWEO F 12. CITIZEN OF WHAT Ξ 10a. USUAL OCCUPATION (Cive kind of work done) 10b. KINO OF BUSINESS OR 11. BIRT HPLACE (County & State, or foreign country) please r during most of working life, even if retired) INDUSTRY COUNTRY? MOTHER'S MAIDEN NAME ned by the attending pal-transit permit. Then all cremation, or removal remov 0 5 OSTO قد ۱۸ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 17. (Yes, no, or unkown) ((If yes give war or dates of service) INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). 18. law requires that the ONSET AND GEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. signed | been significant to the purial-tra DUE TO Conditions, If any, which gave rise to Immediate OUE TO cause (a), stating the prior underlying cause last. (c) 83 WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. for use Health PERFORME 07 PHYSICIAN: The certificate NO X (MC/MD LL) YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part I or Part II of Item 18.) detached MEDICAL (State) (County) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Cay, Year factory, street, office bldg., etc.) Hour a.m. Not While While After at work at work p.m. 1966 1966 DIRECTOR: A age 3 should lied with the 21. I certify that (!) (this hospital) attended the deceased from 27 June that (I) (we) last and that death occurred at/042 M. from the causes and on the date stated above. saw the deceased alive on 9 22b. DATE SICNED SICNATURE STAFF OIRECTOR PHYSICIAN'S TO HOSPITAL 22d, ADDRESS FUNERAL director, p NAME (Type) (State) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. OATE THEREOF 23c. REMOVAL (Specify) 9 0 REC'D BY RECISTRAR 25b. RECISTRAR'S SIGNATURE 25a. 24. L FUNERAL DIRECTOS **ADORESS** VR A15 (4) DATE 20M 1/65



1 (M)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
第 至	CERTIFICATE OF DEATH 13389
after death. the funeral ges 1 and 2 after death.	1. PLACE DF DEATH a. COUNTY Wicomico MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. GOUNTY D. GOUNTY WORCESTER
in by	b. GITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Salisbury d. NAME DF HDSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
fille pape	Peninsula General Hospital A. 2, Box 337 VES NO X
ited within completely ve carbon i	(Type or print) Walter Buston Beath September 8 1966
executed within and completely belowe carbon parany event, with	5. SEX Married Never Married 8. Date of Birth Married Never Married Neve
	10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) 10b. KIND DF BUSINESS DR WBUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. GITIZEN OF WHAT COUNTRY?
certificate be ending physician Thin please, reminal, and the	13. FATHER'S NAME BOSTON 14. MOTHER'S MAIDEN NAME BOCKETT
r iite	15. WAS DEGEASED EVER IN U.S. ARMED FORGES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or, unknown) (If yes give war or dates of service) 219-14-2829 MORY Cropper Pocomoke City, Md.
t the d in. by the ansit p	18. CAUSE DF DEATH [Enter only one cause per ling for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE GAUSE (a) INTERVAL BETWEEN DNSET AND DEATH UNSET AND DEATH
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law requires that that the attending physician. I has been signed been see as the burial-tran the prior to burial, cre	gave rise to immediate cause (a), stating the underlying cause last.
The law or atte or atte har use ar alth presents	PART II. OTHER SIGNIFIGANT GONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE GONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE GONDITION GIVEN IN PART 1(a)
PHYSICIAN: The the hospital or this certificate detached for un e Dept. of Healt	20a. AGGIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
த் சு த் சு த	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAGE OF INJURY (Home, farm, factory, street, officebldg., etc.) While at work at work at work
OR ATTENDIN be retained b IIRECTOR: Aft e 3 should be a with the St	21. I certify that (I) (this hospital) attended the deceased from
AL OR A DIRECT D	22a. SIGNATURE ATTENDING MED. STAFF PHYS. ATTENDING MED. DIREGTOR PHYS. ATTENDING MED. STAFF PHYS. ATTENDING MED. S
TO HOSPITAL OR ATTENI Page 4 may be retaine TO FUNERAL DIRECTOR; director, page 3 should should be filed with the	22c. PHYSIGIAN'S NAME (Type) 22d. ADDRESS
TO H Pag To Fi	Burial, CREMATION, 23b. DATE THEREOF 23c. NAME OF GEMETERY OR CREMATORY 23c. NAME OF GEMETERY OR CREMATORY CSCA MOKE City, Md.
VR A15 (4)	24. FUNE DIRECTOR ADDRESS ADDRESS SEGIONATURE SEP 13 1866 Policy Judge September 1 1866 Policy Judge
20M 1/03	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. death physicion and completely filled in by the funeral en allesse remove carbon papers. Pages I and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Wicomico Maryland Talbot remove corbon papers Pages 1 n any event, within 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town) Salisbury c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 871671966 St. Michaels d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS Pine Bluff State Hospital Chew Ave. & Talbot St. YES NO KX 3 NAME OF 4. DATE Middle Lost Month Doy Year DECEASED 1966 William Bottiger September (Type or pnat) DEATH S SEX B DATE OF BIRTH AGE (In years F UNDER I YEAR LIF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED lost_birthday) Days WIDOWED Y DIVORCED Aug. 12, 1885 White Male IDo. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) COUNTRY? U.S.A. during most of working life, even, if retired) INDUSTRY Baltimore, Maryland stone mason (retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Barbara Buettner George Washington Bottiger 17. INFORMANT Records of Pine About State 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. or unknown) (If yes give wor or dates of service) 218-10-4126 Hospital. Salisbury, Maryland INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Pulmonary Tuberculosis signed by DHE TO Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been the 19 WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) for use Arteriosclerotic vascular disease 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) (Stote) Not While foctory, street, office bldg , etc.) ot work at work Page 4 may be retained by þe 21 | certify that (f) (this haspital) attended the deceased from Aug. 16, 1966, ta Sept. 5, 196, that (f) (we) last saw the deceased glive an Sept. 5, 1966, and that death accurred at 12:4 Approximately from causes and an the date stated above. 190 that (H) (we) last 22o. SIGNATURE 22b. DATE SIGNED ATTENDING Sept. 6, 1966 M.D. DIRECTOR director, page should be filed 22d, ADDRESS 22c. PHYSICIAN'S State Hospital Maryland 21801 E. P. Ritchings, M.D. NAME (Type) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** -25g. REC D BY REGISTRAR VR A15 (4)(DATE SEP



1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201				
7		CERTIFICAT	E OF DEATH	13391	
Er	r death	PLACE OF DEATH O. COUNTY Wicomico MARYLAND	o. STATE Maryland	b. COUNTY Jiconnico	
	eath certificate be executed within 24 haurs after death ending physician and campletely filled in by the funeral mit. Then please remove carban papers. Pages I and See and in any event, within 72 hours after death	b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c CITY OR TOWN (If outside carpo	prote limits, write RURAL and give nearest town)	
	24 ha ed in apers.	d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street oddress)	d, STREET ADDRESS	e IS RESIDENCE ON A FARM? YES NO	
	within tely fill ban pi , within	3. NAME OF First Middle DECEASED Carlton Grant	Brown OF DEAT	04 35 66	
	cample cample nave can	S. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years IF JNDER . YEAR IF UNDER 24 HRS. Jost birthdoy) Months Doys Hours Min.	
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	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. at Health priar ta burial, crematian, became, and in any event, within 72 haurs after death	tB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a), stoling the underlying cause lost.	Thro. Tosis	INTERVAL BETWEEN ONSET AND DEATH	
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	OR AT be reto DIRECTI pe 3 sh ed with		A.D PHYS. DIRECTOR	STAFF 9/15/66	
	4 may IERAL I ar, pag d be til	22c. Physician's NAME (Type) E. P. Ritchings	22d. ADDRESS Salisbur		
	TO HOSPITAL OR ATTENDING Page 4 may be retained by the second of the sec	PRINCIPAL (REMATION, 23b. DATE THEREOF 23C NAME OF CEMETERY OF CEM	R CREMATORY 23d 25d EFF 250. REGO BY REGI		
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3395 CERTIFICATE OF DEATH executed within 24 haurs after death. burial-transit permit. Then please remove carbon papers. Pages 1 apd-2 burial, crematian, or remaval, and in any event, within 72 hours after death campletely filled in by the funeral ove carbon papers. Pages 1 apd-2 USUAL RESIDENCE (Where deceased lived, it institution Residence before admission) PLACE OF DEATH . COUNTY Wicomico b. COUNTY Maryland MARYLAND Wicomico b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
Salisbury CLENGTH OF STAY IN 16 c. CITY OR TOWN (11 autside corporate limits, write RURAL and give nearest town) Hebron d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO TO Peninsula General Hospital Route Hebron 3 NAME OF 4. DATE remove carbon DECEASED (Type or print) DEATH Lonev SEX DATE OF BIRTH AGE n years IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 65 birthdoy) Months Dovs Hours WIDOWED DIVORCED 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 10o USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Loborer COUNTRY? INDUSTRY please Maryland None 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending par Lala Mitchell Henry Burris IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO Address Ida Da hiell Salisbury, Md. 4166 INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I, DEATH WAS CAUSED BY. signed by the burial-transit p IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove nse to immediate couse (a), **DUE TO** stoting the underlying couse **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior ta is WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20o ACCIDENT WAS UNDERLYING [205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, (City or lown) (County) (Stote) 20d, INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bidg., erc.) Hour o.m. Not While of work ot/work 19 6 Sthat (I) (we) last 21. 1 certify that (1) (this haspital) ettended the deceased fram. 19 6 and that death accurred at M, fram causes and an the date stated above. saw the deceased alive on 22b. DATE SIGNED 22o. SIGNATURE DIRECTOR 22d ADDRESS 22c PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION 23b. DATE THEREOF REMOVAL (Specify) Salisbury icomico Green Arces Cemetery 25b. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY e. STATE b. COUNTY by the fundamental Pages 1 after after Wicomico Wicomico MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b papers. Pagr Mardela Mard la Ξ filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? completely fill we carbon pap event, within 7 Rt. #1. Athol NO Athol with 3. NAME OF First Middle Last 4. DATE Month Year DECEASED CLAY TON THOMAS CALIDIAAY 8 (Type or print) DEATH September 19 66 executed 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED X NEVER MARRIED last birthday) | Months | Hours and Days Male White WIDOWED | DIVORCED Jan. 14.1904 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT and it during most of working life, even if retired) death certificate be INDUSTRY COUNTRY? USA Farmer Farming Athol. Waryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal le attending i permit. Then Nancy Ellen Truitt William Edward Calloway 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknwn) i (If yes give war or dates of service) Calloway (wife) wirs. Pauline J. No Wardela, waryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN igned by t rial-transit requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial, burial, DUE TO ANCER Conditions, if any, which gave rise to immediate 유유 DUE TO cause (a), stating the prior underlying cause last. 38 CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? certificate NO 🗁 PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) detached fi te Dept. of I MEDICAL 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Day, Year (State) 20d. INJURY OCCURRED 20f. (City or town) (County) Hour a.m. After at work at work p.m. b 21. I certify that (i) (this hospital) attended the deceased from 19. that (I) (we) fast 19 . to. and that death occurred at 3 30 M. from the causes and on the date stated above. 3 sho saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR 1966 W Selt. 4 may pa 重 O HOSPITAL PHYSICIAN'S 22d. ADDRESS UNERAL director, p NAME (Type) Stephanides Marcus D. Davis St., Salisbury. mary_and NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Margela, Marylano Mardela Cemetery Burial ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR HOLLOWAY & COMPANY, SALISBURY, MARYLAND VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY 5 a. COUNTY after completely filled in by the 1 ve carbon papers. Pages 1 event, within 72 hours after Wicomico c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town) MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH QF STAY IN 1b hours days Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Peninsula General Hospital NO X YES NAME DE Middle Last 4. DATE Month Day DECEASED (Type or print) DEATH lease remove and in any eve 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) | Months | Days | Hours | Min. 8. 7. MARRIED 🔂 NEVER MARRIED and MIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 12, CITIZEN OF WHAT ician (County & State, or foreign country) during most of working life, even if retired) INDUSTRY GNGINGE LECTRONIC 0 death certificate ᆿ removal, 13. FATHER'S NAM 14. MOTHER'S MAIDEN NAME ing ph Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. 0 (Yes, no, or unknwn) (If yes give war or dates of service) cremation, the CAUSE OF DEATH [Enter only one cause per Into for (a), (b), and (c). INTERVAL BETWEEN law requires that the ONSET AND DEATH -transi ģ PART I. DEATH WAS CAUSED BY: attending physician. been signed the burial-transport to burial, cru IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) 8 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health this certificate I detached for use te Dept. of Health PERFORMED? PHYSICIAN: The NO DO YES 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) EDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) be de State I factory, street, office bldg., etc.) Hour a.m. While Not While After ATTENDING at work p.m. 19 at work L the 6 6 that (I) (we) last 19. 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should liled with the saw the deceased alive or and that death occurred at At M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED page filed ATTENDING STAFF DIRECTOR M.D. Page 4 may O FUNERAL I director, pag should be fill ADDRESS 22c. PHYSICIAN'S 22d~ NAME (Type) NAME OF CEMETERY OR CREMATORY ATION (City, town or eaug (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 2 **FUNERAL DIRECTOR** REC'D BY REGISTRAR 25b EGISTRAR'S SIGNATURE 25a. VR A15 (4) 20M 1/65

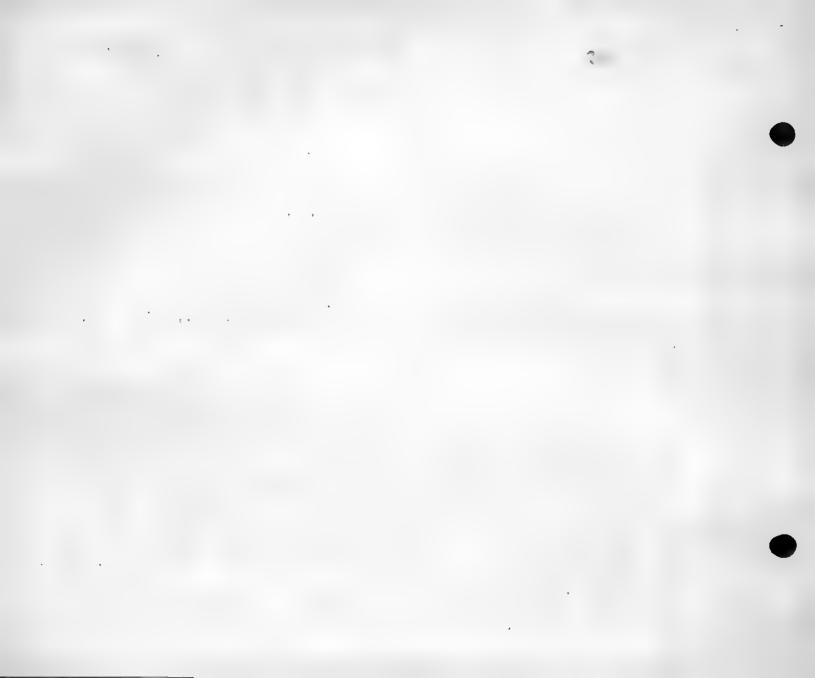


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY by the fur Pages 1 Institute 1 a. STATE b. COUNTY Wicomico MARYLAND Maryland Ai comaco CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) SENGTH OF STAYIN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hollrs hours Salisbury .⊑ Adm. in-one Salisbury papers. In 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE 0 ON A FARM? within Peninsula General Hospital 210 West Main Street YES NOSTS completely executed within NAME DE First Middle DATE Last 4. Month Oav Year DECEASED OF event, (Type or print) DEATH ROGLIR SAMUEI 1966 September CARE remove 5. SEX 6. COLOR OR RACE | 7. MARRIED DE NEVER MARRIED 8. OATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) any Months Oays Hours Mala White WIDOWED | DIVORCEO [Sept. 28, 1902 physician a n please re val, and in a 10a. USUAL OCCUPATION (Give kind of work done i 10b, KINO OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? death certificate be during most of working life, even if retired) Chauffer (Retired) Chauffering Virginia USA 13. FATHER'S NAME attenting phy rmit Then p r. or removal, 14. MOTHER'S MAIDEN NAME Horace Edward Carey Ocie Lambertson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) Mrs. (Wife) bernice J. Carev the long Unknown 221-07-0123 Street. Salisbury. Marylani cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN PHYSICIAN: The law requires that the the hospital or attending physician. ial-transit been signed by ONSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a con leman burial-tr burial, o 4 300 DUE TO Conditions, if any, which (b) gave rise to immediate 다 라 라 **DUE TD** cause (a), stating as the underlying cause last. certificate has (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? YES NO C 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH this certifidetached for the Dept. of H 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) N/A MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) be de State factory, street, office bldg., etc.) Hour a.m. ID FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the State While Not While TO HOSPITAL DR ATTENDING Page 4 may be retained by at work at work 196 9/18 21. I certify that (I) (this hospital) attended the deceased from 19 66, that (I) (we) last to. and that death occurred at 4:20%, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNEO ATTENOING STAFF PHYS. Sept. M.O. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Wilbur R. lis. Medical Conter. Selisbury 23d. LOCATION (City, town or county) 23a. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, REMOVAL (Specify) buria! Parsons Cemeterv Salisburv FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 166 & CO. PANY. SALISLURY. MARYLAND VR A15 (4) 20M 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death requires that the death certificate be executed within 24 hours after death of filled in by the funeral pan papers. Pages I and within 72 hours after deatl PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution-Residence before admission) o. COUNTY Wicomico a. STATE b. COUNTY. MARYLAND Maryland Wicomico c CITY OR TOWN (If outside carparote limits, write RURAL and give nearest tawn) b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give negres town) Salisbury Salisbury d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? (1) Peninsula General Hospital Newton Street YES 🔲 NO Ex NAME OF and campletely f 4. DATE Last Month Day Year DECEASED THELL DEATH SEPTEMPER (Type or print 19 66 any event S. SEX AGE (In years 1F UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE DATE OF BIRTH last birthday) Manths Dqyş Haurs Feb. 3, 1894 Female White WIDOWED DIVORCED 10a USJAL OCCJPATION (Give kind of work done 10b. KIND OF BUSINESS OR 13. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT burial, cremation, or remayal, and in during most of working life, even if retired) INDUSTRY **COUNTRY?** Salisbury, Maryland Housewif'e 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mattie McKinley Morris Walton IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address (Yes, na, ar unknown) (If yes give war ar dates of service) W. Walton Cathell (Son) signed by the attend burial-transit permit 1506 Grey Court Ave Richmond Va CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO Canditians, if any, which gave nse ta immediate cause (a), DUE TO stating the underlying cause has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO FUNERAL DIRECTOR: After this certificate rectar, page 3 should be detached far us 20g ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) N/a (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year Hour a.m. factory, street, affice bldg., etc.) Not While at work 190 1-x, ta. , 199 , that (1) (we) fast 21. I certify that (I) (this hospital) attended the deceased fram. 1966, and that death occurred of 32 A. M. from causes and on the date stated above. saw the deceased alive on, 22a. SIGNATURE 22b. DATE SIGNED ATTENDING Sent. 19-/1966 DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Main Street, Salistury, Maryland Phili 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) REMOVAL (Specify) Parsons Cemetery 0 Burial Mary rand 2Sa REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR liarles Judge VR A15 (4) HULLOWAY & COMPANY, SALISLUMY, MARYLAND 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

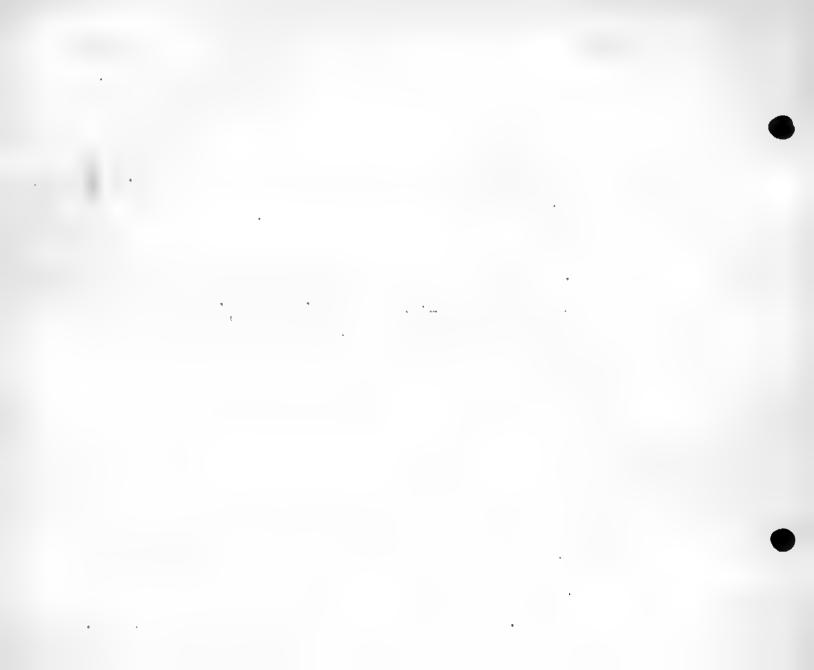


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the deoth certificate be executed within 24 hours after deoth. eath ottending physician and completely filled in by the funeral permit. Then please remove carbon papers. Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) Wicomico b. COUNTY a. STATE ease remove carbon papers. Pages 1 and in any event, within 72 hours after MARYLAND b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) E. LENGTH OF STAY IN 15 (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN Salisbury d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Peninsula Genera YES 🗔 NO T 3. NAME OF Middle Lost DATE Month Year Doy DECEASED (Type or print) DTem 196 501 DEATH S SEX AGE (rf years 6 COLOR OR RACE MARRIED NEVER MARRIED DATE OF BIRTH **VELUNDER 24 HRS** last birthdoy) Months Doys Haurs WIDOWED DIVORCED 10a, USUA, OCCUPATION (Give kind of work done KIND OF BUSINESS OR 10b. #1 BIRTHPLACE (Coghty & State, or fareign country) 12 CITIZEN OF WHAT during most of working ite, even if retired) INDUSTRY COUNTRY? lamons Island House WI USEWOFK 13. FATHER'S NAME MOTHER'S MAIDEN NAME emovo d WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SCICIAL SECURITY NO INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) burial, cremation, or TB. CAUSE OF DEATH (Enter only one couse per line for (p), (b) and (c))
PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN signed by the buriol-tronsit p ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or ottending physician. DUE TO Conditions, if any, which gave (b) rise to immediate couse (a). DUE TO stating the underlying cause **J FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES -NO 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20F (City ar tawn) (County) (State) 20c TIME OF INJURY Month, Day, Year Haur a.m. factory, street, office bldg., etc.) Not While of work 21. I certify that (1) (this haspital) attangled the deceased from 1966 that (I) (we) lost 1966, and that death occurred at/1 M, from couses and on the date stated above saw the deceased olive on 2 220 SIGNATURA 22b. DATE SIGNED M.D PHYS DIRECTOR 22c PHYSICIAN'S NAME (Type) (County) BURTAL CREMATION DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) REMOVAL (Specify), 9 uria FUNERAL DIRECTOR 250 REGID BY REGISTRAR VR A15 (4) 20 M 1/66 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if institution. Residence before admiss on) o. COUNTY n STATE b. COUNTY 4 deoth. Wicomico Maryland Wacomico MARYLAND partment b (T) OR TOWN IIf outside corporate imits. CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURA), and a ve nearest town) write RURAL and give nearest town) after Salisbury Salisbury d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS 6 IS RESIDENCE Del haurs Naylor Mill Road NO K ote Northwood Drive 3 NAME OF First Middle. Lost 4 DATE Month Dov Year DECEASED CROCKETT VERNON within OLIVER SEPT. 19 66 (Type or print) DEATH with S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (n years FUNDER IF UNDER 24 HRS lost birthdoy) Months Doys White haurs WIDOWED DIVORCED event CN 100 JSUAL OCCUPATION (Give kind of work done TOP KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working the even if retired) Trash Collector INDUSTRY COUNTRY? UŠÄ AUD Virginia pages in any 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAM Joseph S. Crockett Sarah Margaret Guy gud IS WAS DECEASED EVER N. S ARMED FORCE S? 16 SOC & SECURITY NO 17 INFORMANT be execmted permit. Mrs. Marie E. Jenkins(Sister) Locustville, Virginia 23404 ar remayal. (Yes, no, or unknown) if fives give wor or dates of service) ocustville Virginia 8 CAUSE OF DEATH (Enter only one couse per line for (o), (b) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) This certificate shamld writing the ward crematian, DUE TO Conditions, if ony, which gove rise to immediate cause (a). DUE TO stoting the underlying couse 19 WAS AUTOPSY PERFORMED? PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) please execute the certificate. NO A 20p EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of mury in Part or Part II of item 18.) PRIMARY Or CONTRIBUTING N/A OKAL EXAMINER: CAUSE OF DEATH 20c. TIME OF IN JRY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home form, (City or fown) (County) (Stote) factory, street, office bldg., etc.) Hour om. Not While may be retained far yaur FUNERAL DIRECTOR: Page of work ot work designated 21 I certify that I took charge of the remains described obove, held on Autopsy Inspection 🕅 and in my opin on deoth resulted from: Noturol couses Suicide Undetermined monner Accident | Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MED CAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may 10 FUNE Footbalth of Address (Street, city, town, or county) Salisbury, Maryland NAME (Type) Philip Insley 230 BURIAL CREMATION 23h DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) Burial'specify) .1966 Parsons Cemetery Salisbury. Wic. Maryland 24 FUNERAL DIRECTOR 250 REC'D BY REG STRAR RECISIRARS SUNATUR VR ATSME (6) HOLLOWAY & COMPANY, SALISBURY, MARYLAND SEP 6M 1/66



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND			
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ATTEND retained ECTOR: / 3 Should with the	saw the deceased alive on 119 22 and the 22a. SIGNATURE	hat deeth occurred a		
DIR DIR Bige	A A TITA	M.D. PHYS. DIRECTOR PHYS.		
TO HOSPITAL OR ATTEND Page 4 may be retained TO FUNERAL DIRECTOR. I director, page 3 should should be filed with the	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS		
Page Page FUN FUN direct	23a BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETE	ERY OR CREMATORY 23d. / LOCATION (City, town or county) (State)		
5 5 %	Russeal 7/0/66 Dewis	Willords, Md.		
AR ALE WAS PARTY	24. FUNERAL DIRECTOR	252. REC'D BY REGISTRAR 25b. REGISTRAR'S SICNATURE		
VR A15 (4) 20M 1/65	- 1 sur / many xxxxyvell	We, DATE SEP 9 19\$6 policarles Judge		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral 24 hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY icolly, C W.Comico MARYLAND 256/12 Pages b. CITY OR TOWN (if outside corporate limits, c. LENCTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours write RURAL and give nearest town) Ξ papers, d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? event, within First St NO YES T executed within completely carbon 3. NAME DE First Middle Last 4. DATE Month Day Year DECEASED DEATH (Type or print) 196 ешоле 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED AGE (In years LIF UNDER 1 YEAR IIF UNDER 24 HRS. 8. NEVER MARRIED last birthday) Months i any Days and Hours WIDOWED DIVORCED Ξ 10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KINO OF BUSINESS OR INDUSTRY (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? death certificate be borer 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending phyring phyring in Then remova 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFOR MANT 17. permit, Address (Yes, no, or unknwn) (If yes give war or dates of service) cremation, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH The law requires that the been signed than the purial, creme I. DEATH WAS CAUSED BY: the hospital or attending physician, IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. S CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY for use Health use certificate PERFORMED? YES [NO [PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) öţ MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) be de State I factory, street, office bldg., etc.) Hour a.m. Not While After 19 at work at work p.m. retained 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: Juge 3 should led with the saw the deceased alive on and that death occurred at from the causes and on the date stated above. 22a. SICNATURE 22b. DATE SIGNED director, page should be filed v ATTENDING PHYS. STAFF PHYS. Page 4 may M.D. DIRECTOR FUNERAL 22c. PHYSICIAN'S ADDRESS 220. NAME (Type) BURIAL, CREMATION. 23b. DATE THEREOF NAME OF CEMETERY LOCATION town or county) (State 2 REMOVAL (Specify) **FUNERAL DIRECTOR ADDRESS** REC'D BY REGISTRAR 25b. REGISTRAR'S SICNATURE VR A15 (4) DATE 20M 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 940 CERTIFICATE OF DEATH and 2 death. r filled in by the funeral n papers. Pages 1 and 2 orthin 72 haurs after death. 24 havrs after death. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution; Residence before admission) o. COUNTY b. COUNTY Wicomico MARYLAND Maryland Wicomico CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Salisbury Salisbury Davs d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Deer's Head State Hospital, Salisbury, Md. Camden Ave. YES | NO x The law requires that the death certificate be executed within 3 NAME OF 4 DATE Inst Month Dov Year completely DECEASED (Type or print) Hone Halo Foskev DEATH ğ 19 66 IF UNDER 24 HRS. 9. AGE (In years last birthdoy) S SEX 6. COLOR OR RACE DATE OF BIRTH IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED ave Months Doys Hours 2 50 May 16.1905 Female White WIDOWED DIVORCED rend physician and 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10h KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) please during most of working life, even if retired)
Tailor (Seamstress COUNTRY? INDUSTRY Tailoring La Grange, Indiana 13. FATHER S NAME MOTHER'S MAIDEN NAME remayal, signed by the attending phy burial-transit permit. Then Harvey H. Holden Wava B. Mingis 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT (Yes, no, or unknown) (If we give war or dates of service) Mr. Milton M. Holden (Brother) 5 220-16-9990 708 N. Washington Street, Easton, Waryland crematian, 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Advanced CA of the right lund with metastasis IMMEDIATE CAUSE (6) Mag physician. to cervical glands. 163 X DUE TO burial Conditions, if any, which gove rise to immediate couse (o), DUE TO stoting the underlying couse as the prior to t the haspital or attending O FUNERAL DIRECTOR: After this certificate has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health NO far 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) detached f te Dept. af l OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) N/A 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) (Stote) Heur o.m. factory, street, office bldg., etc.) While Not While ot work of work be retained by þe 0/22 19 00 y ta 19 66 that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from shauld and that death occurred at 5:05 M. from causes and on the date stated above. saw the deceased olive on 66 22o, SIGNATURE 22b. DATE SIGNED ATTENDING V 9/19/66 M.D. DIRECTOR PHYS. PHYS. page be filed Page 4 may b 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) L. V. Maldve, M. Deer's Head State Hospital, Salisbury, Md D. directar, should b 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Salisbury, Maryland 1966 Wicomico Memorial 250. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR 25b REGISTRARIS SIGNATURE liarles VR A15 (4) COMPANY, SALISBURY, MARYLAND 1956 20 M 1/66

MAKILAND STATE DEPARTMENT OF MEALIN

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and the 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY by the Pages 1 Wicomico Larvland Wicomico MARY! AND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury Salisbury ≘. filled in papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within Peninsula General Hospital Newton Terrace No X completely ve carbon p death certificate be executed within NAME OF Middle Last DATE Month DECEASED remove carb LISA (Type or print) ANNE GLADDEN 26 1966 DEATH September 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED and Female White Sept. 24. WIDOWED FRADY DIVORCED F 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? USA Salisbury, Maryland 13. FATHER'S NAME MOTHER'S MAIDEN NAME Roy Walter Gladden Brenda Frances Phippin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. the atten it permit. & Mrs. Roy W. Gladden, Newton Terrace, Salisbury, (Yes, no, or unknown) | (If yes give war or dates of service) been signed by the att the burial-transit permi or to burial, cremation, o 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. DUE TO Conditions, If any, which (b) gave rise to immediate has been e as the b prior to b DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? NO K YES T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH I be detached for State Dept. of F DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 1) of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED 20f. (City or town) (County) (State) Hour a.m. fter Not While at work at work retained Sept 26, 19 "6, that (1) (we) last the Set _ 1966 to 21. I certify that (1) (this hospital) attended the deceased from. dept 24 DIRECTOR: 26 19 66, and that death occurred a 2:25 M, from the causes and on the date stated above. saw the deceased alive on... 22a. SIGNATURE 22b. DATE SIGNED ATTENDING page filed Page 4 may PHYS DIRECTOR PHYS. TO FUNERAL director, pa PHYSICIAN'S 22c. 22d. ADDRESS NAME (Type) Medical Center, Salisbury, Maryland 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) buria Pa. sons Cemetery Salisbury Larv REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR | 25b. 25a. HOLLOVAY & COMPANY, SALISBURY, MARYLAND VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH executed within 24 hours after death. completely filled in by the funeral ove carbon papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution o. COUNTY o. STATE COUNTY WTCOMICO Somerset MARYLAND MARYLAND ve carbon papers. Pages 1 event, within 72 hours after b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2 days Manokin SALISBURY e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS DEER'S HEAD STATE HOSPITAL YES NO X 3 NAME OF Middle 4 DATE First. Lost Month Doy Year DECEASED (Type or print) September 1966 **JOHN** GREEN 8. EDWIN DEATH IF UNDER I YEAR IF UNDER 24 HRS. S SEX 6 COLOR OR RACE 7 MARRIED K 8 DATE OF BIRTH 9. AGE (In years NEVER MARRIED ost birthdoy) Months Dovs Male White WIDOWED DIVORCED JUNE 15.1885 in any 10o USUAL OCC JPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
RETIRED SALEMAN INDUSTRY eose puo physican MARION. MARYLAND requires that the death certificate 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending physiburiol-tronsit permit. Then pl burial, cremotion, or removal, THOMAS JEFFERSON GREEN VIRGINIA GRAVIN 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dotes of service 212-10-6433MRS.MARIE GREEN MANOKIN. MD. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH Bronchopneumonia IMMEDIATE CAUSE (o) DUE TO Aug. 1966 Conditions, if ony, which gove Cerebral vascular accident rise to immediate couse (a). DUE TO os the prior to l stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) detached for use to Dept. of Health YES A NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port | or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) Not While of work 21. I certify that (I) (this hospital) attended the deceased from Sept. 6 1966 to Sept. 8 1966 that (1) (we) last saw the deceased alive an Sept 8 186, and that death accurred at 1:10PM, fram causes and an the date stated above 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR STAFF PHYS. 9/8/66 director, page 3 shauld be filed v M.D. 22d. ADDRESS 22c. PHYSICIAN'S Deer's Head State Hosp., Salisbury, Md. A. C. Mitchell, M. D. NAME (Type) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, (County) (Stote) BURTA (Specify) 9/12/1966 GLEN BURNIE, MD. GLEN HAVEN MEMORIAL PARK REGISTRAR S SIGNATURE 2So. REC'D BY REGISTRAR 2Sb **ADDRESS** 24 FUNERAL DIRECTOR PRINCESS ANNE, MD. LEVIN R. WILSON 1966

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	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND		
	-6.4.	CERTIFICATE OF DEATH 1340A		
24 hours after death	n by the funeral Pages 1, and 2 and	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before adm a. COUNTY	nission)	
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, de	Sage to said	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	town)	
	i. S. in	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIL	DENCE	
		D D ON A FA	RM?	
14	etely bon with	NAME OF First Middle Lest 4. DATE Month Oay Year	, /	
2	ompl car vent	(Type or print) Millie R. HAII DEATH Destension / 196	20 HDS	
The law remites that the death reminish he avenuted withly	n and completely fremove carbon parties in any event, within	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 9. AGE (in years IFUNOER YEAR IFU	Min.	
8	the attending physician and t permit. Then please remoiation, or removal, and in any	USUAL DCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR INCOMPLY) 12. CITIZEN OF WHAT INOUSTRY INOUSTRY		
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160	hen noval	No. 1 Page 1		
0	endir t. T	. WAS DECEASED EVER INQU.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address		
400	e att	George Hall Monie Md.		
9	d by the at cransit pern cremation,	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	YEEN EATH	
+	sician. gned by t al-transit ial, crema	IMMEDIATE CAUSE ON OVERLY CLASSICAL TIME		
-	sign sign suria	Conditions, If any, which) Over 10 Covernary and Conference		
Ting of	ling ling ling ling line been the b	gave rise to Immediate cause (a), stating the OUE TO		
200	ttend has h as t priol	underlying cause last.) (c) PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT	npsy	
2	or at ate lase	PERFORM	ED?	
	the hospital or attending physician, this certificate has been signed b detached for use as the burial-tran e Dept. of Health prior to burial, cre	20a. ACCIOENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	7	
ouvere IAN.	hos is ce ache ept.		-4-1	
50		Hour a.m. While Not While factory, street, office bldg., etc.)	ate)	
à	Aft be still	21. I certify that (I) (this hospital) attended the deceased from Sept. 9, 1966, to Sept. 9, 1966, that (I) (we	e) [asi	
_ =	stain TOR: shou th	saw the deceased alive on Sept 9 1966, and that death occurred at 30 M, from the causes and on the date stated a		
	de Eec Se as ¥i	22a. SIGNATURE 22b. OATE SIGNED		
1	MAL D	220 PHYSICIAN'S NAME (Type) M.O. PHYS. DIRECTOR PHYS. 22d. AODRESS	-	
90	Page 4 may be retained by Page 4 may be retained by Grector, page 3 should be should be filed with the Stat		=_=	
1 2	Page Spings	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Sta	te)	
	0	FUNERAL OIRECTOR ADORESS JOSA REGISTRAR 250. REGISTRAR'S SIGNATURE		
	VR A15 (4)	amer Human Princess Anne Motor SEP 13 1966 goliarles Jud	ge	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if institution Residence before admission o. COUNTY a. STATE b. COUNTY Wicomico Virginia ofter deoth. MARYLAND Deportment b (TY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Arlington Salisbury DOA d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 6 S RESIDENCE ON A FARM? olong with form 72 hours Peninsula General Hospital 4910 North 25th St. YES NO TX 3 NAME OF 4 DATE DECEASED within (Type or print) DEATH S SFX AGE (In years 6. COLOR OR RACE NEVER MARRIED X IE UNDER 1 YEAR UNDER lost birthdoy) 20 vrs. Haurs DIVORCED Oct. 13, 1945 Male Cauc. WIDOWED Office 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COJNTRY ? Florida be executed within 24 USA d 'pending' in pend in Chief Medicol Exominer's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clark William Hamm Edith Embrev 17 INFORMANT St., Arlington, Address Va. IS WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO ar removal Yes Yes (Viet Nam Dec. 55) 231 58 4584 Mr. Clark William Hamm, 4910 North 25th 18 CAUSE OF DEATH (Enter only one couse ber NTERVAL RETWEEN ONSET AND DEATH PART 1 DEATH WAS CAUSED BY: nactured IMMEDIATE CAUSE (a WOrd This certificate should crematian, DUE TO Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying cause 19 WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA., DISEASE CONDITION OF PART I(g) PERFORMED? YES NO P the certificate. designoted agent, prior to 200. EXTERNAL CAUSE WAS PRIMARY A OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of in any in Port I or Part II of item 18) CAUSE OF DEATH 32 Haur a.m (City or town) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (State) (actory street, affice bldg , etc.) Nat While moy be retained for your FUNERAL DIRECTOR: Poge at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection ... Inquiry and in my opinion Accident 🔽 death resulted from: Notural couses Surcide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER X 5 **EXAMINER'S** 5 moy 10 FUNE Address (Street city, town, or county) BURIAL, CREMATION, DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Tawn) Arlington National Cemetery, Arlington, Virginia REC D BY REGISTRAR VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r,death. hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Widomico Wicomico MARYLAND Marvland b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) completely filled in by the carbon papers. Page event, within 72 hours al C. LENGTH OF STAY IN 1b c. CITY OR TOY/N (If outside corporate limits, write RURAL and give nearest town) Salisbury Salisbury 9/10/66 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Peninsula General Hospital 119 Navlor Street NO X YES law requires that the death certificate be executed within 3. NAME DE Middle Last DATE Month DECEASED (Type or print) Scott DEATH 6. COLOR OR RACE 8. DATE OF BIRTH AGE An years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED T NEVER MARRIED last birthday) Months any Hours and WIDOWED [May 2, 1882 DIVORCED [5 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY physician n please r val, and in 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) Salisbury, Maryland Retired -Fed Commander 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Aorelia Phippin George Hancock 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) Mrs. Ola D. Hancock (Wife) transit perm cremation, No 214-28-3570 119 Navlor Street Salishury. Leary land 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET/AND DEATH l-transi PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PHYSICIAN: The law requires that the the the hospital or attending physician. signed | been signed the burial-tr or to burial, o **DUE TO** Conditions, If any, which (b) gave rise to Immediate DUF TO cause (a), stating the as th prior underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health p PERFORMED? certificate YES NO ₽ detached for 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) N/A MEDICAL 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 2Dc. TIME OF INJURY Month, Day, Year 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While After id be d While ATTENDING n.m. at work at work retained hould h the 21. Legilly that (I) (this hospital) attended the deceased from that (I) (we) last DIRECTOR age 3 should with t saw_the deceased alive on 19 6 and that death occurred at 105 M, from the causes and on the date stated above. 228. SIGNATURE DATE SIGNED 22h. þ ATTENDING PHYS. M.D. DIRECTOR PHYS. 4 may FUNERAL HOSPITAL director, p 22¢, PHYSICIAN'S 22d. ADDRESS NAME (Type) E. M. Beardsley waryland Ave.. Salisbury, waryland BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 0 adiyland Salistury. Micomico Memorial Park Burial REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR** REC'D BY REGISTRAR I 25b. ADDRESS & CO. PANY, SALISBURY, LARYLAND VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH death. eat 1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Wicomico USSEX MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 24 hours Salisbury
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) BRGETOWY 2 filled in papers. B. IS RESIDENCE ON A FARM? d. STREET ADDRESS Peninsula General Hospital NO L completely carbon NAME OF First Middle DATE Last Month Day Year DECEASED OF (Type or print) DEATH 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS remove tast birthday) Months I Davs Hours and WIDOWED [DIVORCED 1Da, USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician ease during most of working life, even if retired) LROAA 靣 FATHER'S NAME MOTHER'S MAKEN NAME remova 980R62 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address the attenit (Yes, no, or unkown) [(If yes give war or dates of service) cremation. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ial-trans n signed l burial-trai burial, cri DUE TO Conditions, If any, which peen gave rise to Immediate 寺な DUE TO cause (a), stating the prior underlying cause last. as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? for use Health this cerus detached for 2Da. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I by Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, I 20f. (City or town) (State) (County) factory, street, office bldg., etc.) e After Hour a.m. Not While at work While 19 at work 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the -10-66 and that death occurred at 7 saw the deceased alive on Trom the causes and on the date stated above. 22a. SIGNATURE M.D. DIRECTOR CPHYSICIAN'S PHYS. HOSPITAL FUNERAL TO FUNERAL director, p should be 1 22d. **ADDRESS** NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or coulft) REMOVAL (Specify) FUNERAL DIRECTOR REGISTRAR'S SIGNATURE VR A15 (4) 20M 1/65

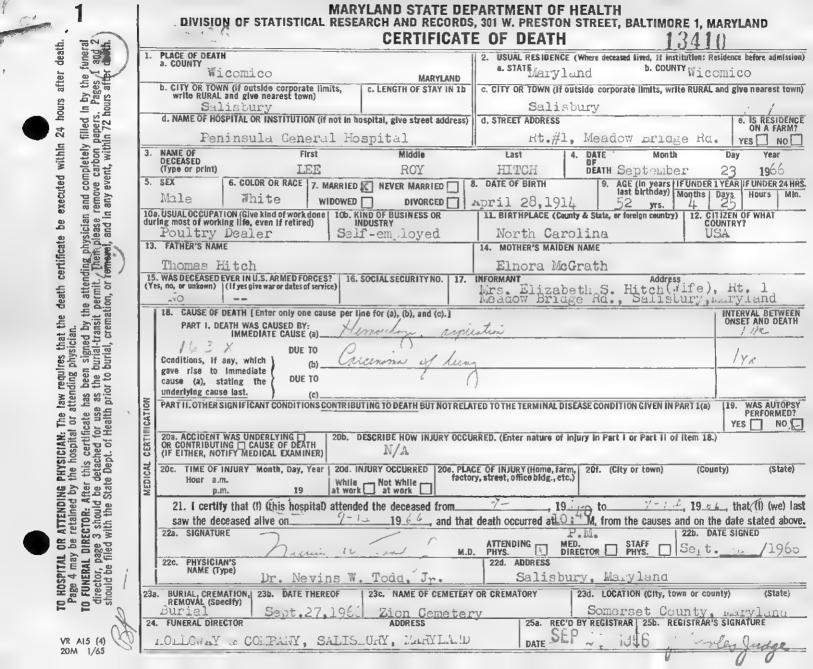
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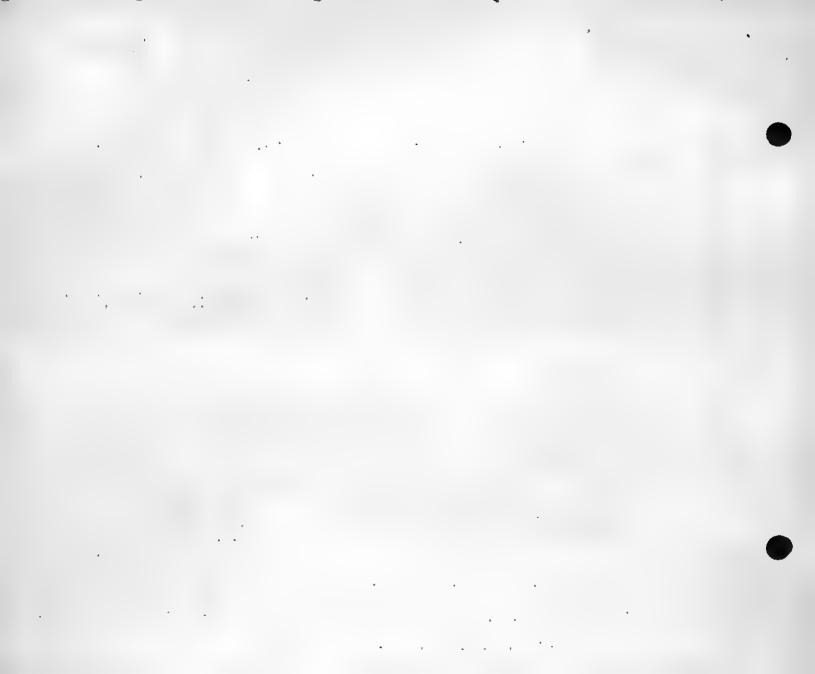
中	1 / J	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13408
	after death. y the funeral ges 1 and 2 s after death,	1. PLACE OF DEATH a. COUNTY Wicomico MARYIAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Wicomico
	24 hours after (filled in by the fu papers. Pages 1 in 72 hours after o	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Salisbury c. LENGTH OF STAY IN 1b Salisbury
	uted within 24 ho completely filled i ove carbon papers. r event, within 72 h	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Wicomico County Nursing Home d. STREET ADDRESS 104 W. Isabella St 0. IS RESIDENCE ON A FARM? YES NO
	executed within and completely remove carbon language.	3. NAME OF DECEASED (Type or print) MARY VIRGINIA HEARING 4. DATE Month Day Year OF DEATH SEPT. 15 19 66
	9 PEE	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Months Days Hours Min. Months Days Hours Min.
	be cian ase	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 11. BIRTHPLACE (County & State, or foreign country) None Maryland, Port Deposit USA 13. FATHER'S NAME
	certifica ding ph Then remova	GEORGE MOHRLEIN Sophia Sistzler
	death c ne atteni permit. tion, or r	(Yes, no, or unknown) (If yes give war or dates of service) 220=52-7936 (Same as Item#2 above)
	nat the cian, ed by ti transit , crema	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INTERVAL BETWEEN ONSEL AND DEATH Sym
	PHYSICIAN: The law requires that the death certificate the hospital or attending physician. This certificate has been signed by the attending physidetached for use as the burial-transit permit. Then pie e Dept. of Health prior to burial, cremation, or removal, a	Conditions, If any, which agave rise to immediate cause (a), stating the DUE TO
	CIAN. The law requi ospital or attending certificate has been hed for use as the t. of Health prior to	underlying cause last. (c) PARTILL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO TO
	PHYSICIAN: the hospital this certific detached for e Dept. of H	ZOB. ACCIDENT WAS UNDERLYING COLUMN
	tate to the state of the state	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, Hour a.m. 4 While Not While at work 19 at work at work 20f. (City or town) (Gounty) (State)
	ATTENC retaine ECTOR: 3 should with the	21. I certify that (I) (this hospital attended the deceased from 8//6 1966, to 9//5 1966, that (I) (we) last saw the deceased after on 1966, and that death occurred at AM, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED
		ATTENDING MED. STAFF STAFF STAFF STAFF SEpt. /5/1966 22c. PHYSICIAN'S NAME GYPE Dr. David J. Gilmore Medical Center Salisbury, Maryland
	TO HOSPITA Page 4 m. TO FUNERAL director, p. should be	Dr. David J. Gilmore Medical Center Salisbury, Maryland 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Burial Sept. 17 /66 Woodlawn Cemetery Woodlawn, Md.
	w	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE
	VR A15 (4) 20M 1/65	HOLLOWAY & COMPANY SALISBURY, MARYLAND DATE SEP : 3 1956 felianles Judge =



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH LTH DEPT. PLACE OF DEATH o COUNTY a STATE b. COUNTY Wicomico Page Baltp.City D ŧ death. MARYLAND Department b CITY OR TOWN (If autside carparate 1 mits, C LENGTH OF STAY IN 16 c CITY OR TOWN (flautside carparate limits write RURAL and give nearest town) pup del write RURAL and give nearest town) Baltimore diter -Salisbury d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) e IS RESIDENCE ON A FARM? d STREET ADDRESS 72 haurs 500 S.Beachfield Ave Allen Road State along with 3 NAME OF Middle DATE First Lost Month .. ∀ear DECEASED OF MARTHA MARGERET HERZING SEPT. 19 66 4th within (Type or print) DEATH S SEX IF UNDER I YEAR 6. COLOR OR RACE KI DATE OF BIRTH AGE (In years IF LINDER 24 HRS 7 MARRIED NEVER MARRIED lest, birthdoy) Months Dovs Hours White Female WIDOWED DIVORCED event 10g LSUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 12 CITIZEN OF WHAT during mortof working the, even fret red) Nursing COUNTRY? Baltimore Maryland Q D V 13 FATHER'S NAME pencel William L. Herzing Martha M.Bentz 16 SOCA, SECURITY NO (Same as above -Item#2) be executed Medical (Yes, no, grunknown) (If yes give wor or dates of service Phone-644 pe 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) NTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY JID. IMMEDIATE CAUSE (o) This certificate should writing the ward cremation, DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying couse Si burial WAS AUTOPSY PERFORMED? PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO X the certificate, 20o EXTERNAL CAUSE WAS PR MARY (Xor CONTRIBUTING □ 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18.) agent, priar CAUSE OF DEATH I ME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) DIRECTOR: Page 1966 Wicomico County . Md. 4:00 its designated Inspection K 2) I certify that I took charge of the remains described above, held on Autopsy (ुं and in my apinian death resulted fram: Natural causes Accident 🔀 Suicide Hamicide Undetermined manner retained CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** the funeral FUNERAL DEPUTY MEDICAL EXAMINER X 1966 5 may O FUNEI Health Salisbury Maryland Address (Street, city, town, or county) BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (Stote) 24. FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR VR A15ME IS YAWOLLOH COMPANY SALISBURY MARYLAND







Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH iff. Then please remove carban papers. Pages 1 and 2 ortemoval, and in any event, within 72 hours after deather requires that the death certificate be executed within 24 haurs after death. completely filled in by the funeral love carban papers. Pages 1 and . PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) Wicomico **b.** COUNTY MARYLAND VLAND b CITY OR TOWN (If outs de corporate fimits, write RURAL and give nearest town)
Salisbury c LENGTH OF STAY IN 16 c CITY OR TOWN (If Jutside corporate limits, write RURAL and give nearest town) d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Peninsula General NO Hospital 3 NAME OF 4. DATE First Month Dov Year DECEASED (Type or pnnt) 19 DEATH S SEX DATE OF BIRTH IF UNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 AGE IF UNDER 24 HRS (In years lost birthday) Months Dovs Hours WIDOWED DIVORCED pup 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT physician c during most of working life, even if retired) -{NDUSTRY COUNTRY? ARM GR 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT TO FUNERAL DIRECTOR: After this certificate has been signed by the afti-director, mage 3 shauld be detached for use as the burial-transit per-shauld be filed with the State Dept. af Health priar ta burial, cremation, INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO YER -= Conditions, if any, which gove (b) rise to immediate couse (a). **DUE TO** stating the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT, RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO TO HOSPITAL OR ATTENDING PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 of Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Doy, Year 2Dd INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour a.m. While Not While foctory, street, office bldg , etc.) 19 ot work at work 21. I certify that (1) (this hospital) attended the deceased from 1966, to , 19 that (I) (we) last 19 and that death accurred at Man, fram causes and an the date stated above. saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF V M.D DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 230. BUR AL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) 66 VERGEEN 2So REC'D BY REGISTRAR REGISTRAR'S SIGNATUR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission o. COUNTY n STATE b. COUNTY Page 0 ō Wicomico after death. MARY, AND Mary Land Worcester b CTY OR TOWN (If outside corporate imits C LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corpora e. m.ts. write RURAL and give nearest town) gud write RURAL and give nearest town Deportr Whaleyville Salisbury d. NAME OF HOSPITAL OR ANSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours (Office along with form DOA Peninsula General Hospital Labor Camp ate Give Poges YES NO ofter death 3. NAME OF Middle e St 72 First Lost 4 DATE Doy Year DECEASED ALBERT with the within **JOHNSON** 9-27-66 (Type or print) DEATH 19 IF UNDER 1 YEAR S SEX DATE OF BIRTH AGE (In years last birthdoy) IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED Months Days Hours AA WIDOWED DIVORCED 24 hours 10a_JSUAL OPCUPAT ON (Glye kind of work done K ND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working I leven fretired) COUNTRY? = Exominer's 13 FATHER'S HAME MOTHER'S MALDEN NAME This certificate should be executed within 14 pencil 16,00 AL SECURITY NO IS. WAS DECEASED EVER IN US ARMED FORCES? (Yes, no, or unknown) ((If yet give war or dates of selvice) INFORMANT removal. perm 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY: burial-transit Coronary occlusion burial, cremation, or IMMEDIATE CAUSE (a) writing the word DUE TO Conditions, if any, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse 0 should be forwarded GS 19 WAS AUTOPS PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? YES [NO designated ogent, prior to 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of mury in Port I or Port II of tem 18.) 3 should PRIMARY OF CONTRIBUTING OT AL EXAMINER: CAUSE OF DEATH 20c T ME OF INJURY Month Doy, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home form 20f (City or town) (County) (Stote) Hour om. factory, street, office b da . etc) Not While moy be retoined tot your FUNERAL DIRECTOR: Page at wark of work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection X and in my apinian Inquiry Natural causes X death resulted Ram: Accident . Suicide Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANY MEDICAL EXAMINER SIGNATURE O DEPUTY L. Royer, M.D. DEPUTY MEDICAL EXAMINER [X] **EXAMINER'S** Sept. 29, 1966 5 moy 70 FUNE Health Camden Ave., NAME (Type) Salisbury. Md. Address (Street, city, town, an county) 23b DATE, THEREON REMOVIAL (Specify) 25b REGISTRAR S S GNATURE 250 RECD BY REGISTRAR 24 FIMERAL DIRECTOR VR ALSME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. death gud 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) physician and campletely filled in by the funeral en please remave carban papers. Pages 1 and PLACE OF DEATH b. COUNTY Dorchester a. COUNTY Wicomico Marvland MARY! AND c. LENGTH OF STAY IN 1b c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 8726966 Cambridge Salisbury d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? YES NO V Pine Bluff State Hospital 1100 Mace's Lane 3 NAME OF Middle DATE Day DECEASED (Type or print) September 1966 DEATH Louis Alvin Kiah 9 AGE (In years last bythday) IF UNDER I YEAR I IF UNDER 24 HRS. S SEX 6 COLOR OR RACE 7 MARRIED 8. DATE OF BIRTH NEVER MARRIED Days Male Colored DIVORCED Dec. 14.1907 WIDOWED 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10a JSUAL OCCUPATION (Give kind of work dane 106 KIND OF BUSINESS OR COUNTRY? U.S.A dur no most of work ng life, even if retired)
Gardener INDUSTRY Dorchester Co., Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John Kiah Julia Myster IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war ar dates af service) 16. SOCIAL SECURITY NO. INFORMANT Records of Pindess Bluff State Hospital, Salisbury, Md. 214-07-9156 IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY: Pulmonary Tuberculosis IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave nse ta immediate cause (a). DUE TO stating the underlying cause last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) NO O FUNERAL DIRECTOR: After this certificate 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Nat While at wark at work 21. I certify that (this hospital) attended the deceased from August 29, 1966, to Sept. 27, 1966 that (1) (we) lost saw the deceased alive on Sept. 27, 1966, and that death occurred 1:50M from causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR STAFF PHYS. Sept. 27,1966 M.D. Pine Bluff State Hospital 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Maryland -21801 Ritchings, M.D. Salishury 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY Bethel Cambridge 256. REGISTRAR'S SIGNATURE ADDRESS 2Sa. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR DATE OCT Cambridge. "d. 20 M 1/66 J



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death, de de PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Warester letely filled in by the furbon papers. Pages 1 a within 72 hours after d Wicomico Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury Whalevville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Peninsula General Hospital NO X YES letely pou NAME OF Last DATE Month Day DECEASED (Type or print) EWIS DEATH TEMBER 19 10 6. COLOR OR RACE 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS remove 7. MARRIED T NEVER MARRIED 8. last birthday) Months ! any and WIDOWED [DIVORCED [1909 physician and physician and physician phease rule val. <u>=</u> 10a. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY **COUNTRY?** Farm Poultryman USA Maryland law requires that the death certificate removal, 13. FATHER'S NAME transit permit. Then p. 14. MOTHER'S MAIDEN NAME Thomas Baker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknwn) (If yes give war or dates of service) 220-10-9814 Whalevville, Md Rada Lewis CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN been signed -, the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TO (a), stating the underlying cause last. **as** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? CATI PHYSICIAN: The certificate ه نم YES X NO IT 20a, ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 9 6 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) lached EDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) (County) be de State factory, street, office bldg., etc.) Hour a.m. After While Not While at work p,m. at work retained ъ 1966 1966 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the 1966 and that death occurred at_ saw the deceased alive on M. from the causes and on the date stated above. 22a. SIGNATURE 22b. g 18 (SF M.D. DIRECTOR TO HOSPITAL (Page 4 may 1 Ба FUNERAL PHYSICIAN'S ADDR director, p NAME (Type) BURIAL, CREMATION... 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23a. 2 REMOVAL (Specify) 66 Dale Whalevville. REC'D BY REGISTRAR ADDRESS FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 66 VR A15 (4) 20M 1/65



4 1	I tem 2 See birth cert MARYLAND STATE DEPARTM	ENT OF HEALTH
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W.	
±	CERTIFICATE OF I	DEATH 13415
death.	a county	RESIDENCE (Where deceased lived, If Institution: Residence before admission)
1 2 0	Wicomico Maryland	Md. b. CDUNTY Worcester
by the Pages I wrs after	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY Of write RURAL and give nearest town)	R TOWN (If outside corporate limits, write RURAL and give nearest town)
2 E.S	Salisbury	Ocean City
		ADDRESS 6. IS RESIDENCE ON A FARM?
n 24 y fille papel thin 72	Peninsula General Hospital 106	Philadelphia Avenue YES NO
executed within 24 nand completely fille remove carbon page in any event, within 7.	3. NAME DF First Middle Las	1) c OF == 1 1 0 1/
ompl	(Type or print) 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF	BIRTH 9. AGE (IN years IF UNDER 1 YEAR IF UNDER 24 HRS
executed and com remove o	E-marke 11/1/	last birthday) Months Days Hours Min.
n and n and in any	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRT	MNEY 31146(yrs. 12. CITIZEN OF WHAT COUNTRY?
S S S S S S S S S S S S S S S S S S S	during most of working life, even if retired) INDUSTRY	icomico Co., Md.
		HER'S MAIDEN NAME
certifica ding ph Then removal	ROBERT THOMAS LEWIS CH	HARLDITE COWGER
endi endi	15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service)	Address
death ne atter permit	ROBER	TILEWIS UCEANCITY /D
	18. CAUSE DF DEATH { Enter only one cause per line for (a), (b), and (c).]	(Aparo at Imin) INTERVAL BETWEEN ONSET AND DEATH
at tl ian. d by rrans creu	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) EVINATA HYPOXIA	Johnx
The law requires that the or attending physician. ate has been signed by the se as the burial-transit with prior to burial, cremains	DUE TO EXACT CAUSE	undetermined 31.
o bul	Conditions, if any, which gave rise to immediate (b)	34,
red ding bee the	cause (a), stating the DUE TO underlying cause last.	
≥ = S = = =	\0/	
The or a sate use	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE MULTIPLE COMPENSATION OF MICROSCOPING TO THE CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO
AN.	203. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter	r nature of Injury in Part I of Part II of Item 18.)
PHYSICIAN: the hospital this certific detached fou a Dept. of H		
PHYSICIAN: The lather hospital or attractificate his detached for use a detached for use to Dept. of Health p	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY Hour a.m. p.m. 19 While at work at work	(County) (State) (Clty or town) (County) (State)
State of the state	Hour s.m. p.m. 19 While Not While lat work at work	
A ATTENDIN e retained b RECTOR: Aff 3 should b with the St	21. I certify that (II) (this hospital) attended the deceased from	1925, to 9/8, 1965, that (I) (we) last
Sho sho	saw the deceased alive on 1966, and that death occ	surred at M., from the causes and on the date stated above
— шm >	ATTEND	
PITAL OR 4 may be ERAL DIR or, page I be filed		ODRESS
SPIT	NAME (Type)	head Center - Mistery Merylan
TO HOSPITAL Page 4 may TO FUNERAL director, pa should be fi	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR GREMA	ORY 23d. LOCATION (City, town or county) (State)
F 6 %	BURIAL 910 66 EVERURGE	1 25a. REG'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
0	24) FUNERAL DIRECTOR ADDRESS	CEP 12 1966 Poliantes Judal
VR AI5 (4)	Ima turte from	DATE OLI 13 1300



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death1 hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY by the fi Pages 1 irs after Maryland Wicomico Wicomico MARYLAND b. CITY DR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) mpletely filled in by tearbon papers. Page ent, within 72 hours a write RURAL and give nearest town) Wardela Mardela (Athol) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? 61 Rt. YES ND executed within completely 3. NAME DE First Middle Last 4. Month Dav DATE Year DECEASED event, (Type or print) MANOLI ISABELLE LLOYD DEATH 1966 September 22 5. SEX AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS and con 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED TO NEVER MARRIED last birthday) Months Days Hours Female White WIDOWED [March 30.1889 DIVORCED physician a n pleasa re val/and th 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) requires that the death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? USA rousewife Athol. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the attending ph remov William Robert Majors Alberta Bradley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. INFORMANT Address 9 (Yes, no, or unkown) (If yes give war or dates of service) Edward L. Lloyd Husband | transit perm cremation, o 219-07-7040 NO Margela. CAUSE OF DEATH [Enter only one cause per line, for (a), (b), and (c). INTERVAL BETWEEN been signed the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the prior 1 underlying cause last. 88 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO WAS AUTOPSY THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? PHYSICIAN: The certificate the hospital or NO F YES 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW MIJURY OCCURRED, (Enter nature of Injury In Part | or Part || of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) be detached State Dept. N/A this MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. After After While Not While p.m. at work at work retained 21. I certify that (I) (this hospital) attended the deceased from to. __, that (I) (we) last ECTOR:
Slauk AM. from the causes and on the date stated above. and that death occurred at saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE **8** 8 DIR. ATTENDING PHYS. STAFF page M.D. DIRECTOR PHYS. O HOSPITAL FUNERAL PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) Mardela. red G. Maryland BURIAL, CREMATION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23b. DATE THEREOF (State) burial 1966 Lardola Cemeterv ...uryland warde a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS HOLLOWAY & COMPANY, SALISBURY, MARYLAND VR ALS (4) 20 M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 123 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. death funeral 1 and 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) Wicomico o. STATE b. COUNTY on papers. Pages I Within 72 haurs after MARYLAND WICOMICO b CITY OR TOWN (f outside corporate limits, C JENGTH OF STAY IN 15 c. CITY OR TOWN (IP/outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Salisbury 5 e IS RESIDENCE ON A FARM? filled in d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AOORESS Peninsula General Denue Hospital awane YES 🔲 NO 3 NAME OF 4. DATE DO First Middle Lost Month Dov Year DECEASED 19 (Type or print) DEATH plem AGE IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE DATE OF BIRTH In veors 7 MARRIED lost birthdoy) Months Doys Hours lease remay WIDOWEO DIVORCED burial, crematian, ar removal, and in any and 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY CONICO Unnest ic Slemone 13 FATHER'S NAME MOTHER'S MAJOEN NAME INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 permit. (Yes, no, or unknown) [(If yes give wor or dates of service) AWARE AYE INTERVAL BETWEEN 1B CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) signed by the burnal-transit p PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' Page 4 may be retained by the hospital ar attending physician. OUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? YES NO 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of stem 18) (IF EITHER, NOTIFY MEDICAL EXAMINER MEMICAL 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office oldg., etc.) at work at work 1940 that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. 1900, and that death accurred at 1150 PM, from causes and on the date stated above. saw the deceased alive an 22b. DATE SIGNED 22o, SIGNATURE MEO. DIRECTOR M.D. PHYS 22d. AOORESS 22c. PHYSICIAN'S NAME (Type) 230 BURIAL, CREMATION, REMOVAL (Specify) 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) Buria REGISTRAR'S SIGNATURE 24 . SUNERAL DIRECTOR 250. REC'D BY PEGISTRAR 2Sb. VR A15 (4) 966 20 M 1/66



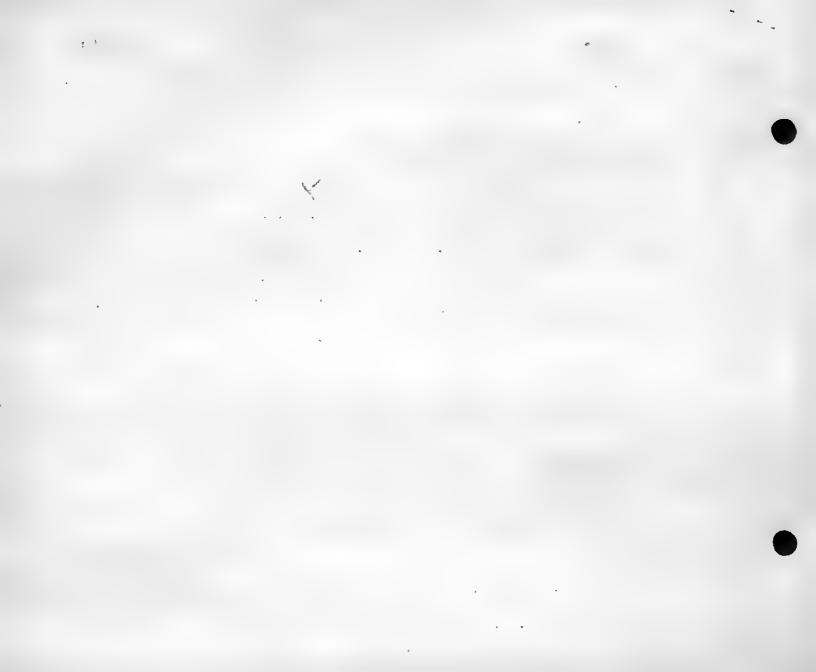
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. death and campletely filled in by the funeral remave carbon papers. Pages 1 and 2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission PLACE OF DEATH o. COUNTY Wicomico o. STAMMaryland b. COUNTY Somerset MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Dames Quarter Salisbury Since 8/17/66 papers. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? event, within 72 Main Rd Pine Bluff State Hospital YES NOSES 3 NAME OF Middle Lost 4. DATE Month Year Doy DECEASED Melvin Earl Messick Sept. 66 (Type or print) DEATH 9 AGE (In years IF UNDER 1 YEAR 3F LINDER 24 HRS S SEX 6. COLOR OR RACE 7 MARRIED 8. DATE OF BIRTH **NEVER MARRIED** lost pirthdoy) Months Doys Hours Male White 9/27/1907 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Somerset Co., Md. Waterman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Messick Mary Messick 15. WAS DECEASED EVER IN U.S. ARMED FOR (ES?
(Yes, no, or unknown). ((If yes give war or dates of service) 16. SOCIAL SECURITY NO 17 INFORMANT Address Records of Pine Bluff State Hospital No 1 The Course 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) No INTERVAL BETWEEN signed by the buriat-transit p ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: Pulmonary Hemorrhage IMMEDIATE CAUSE (o) DUF TO Pulmonary Tuberculosis Unknown Conditions, of ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been be detached for use as the State Dept. of Health priar ta last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO IC YES 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of Item 18.) 20o. ACCIDENT WAS UNDERLYING [3] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM NER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While ot work ot work 21. I certify that (1) (this haspital) attended the deceased fram Aug. 17 , 1966, to Sept. 1 , 1966 that (1) (we) last saw the deceased alive on Sept. 1 19 66 and that death occurred 8:47p.M. fram causes and an the date stated above. 22b. DATE SIGNED 220 SIGNATURE STAFF PHYS. ATTENDING MED. DIRECTOR 9/2/66 M.D. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S E. P. Ritchings, M.D. NAME (Type) Salisbury, Maryland 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL (Specify) 23b DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) 9/4/66 Dames Puarter Md 25b. REGISTRAR'S SIGNATURE Messick Cemeterv Ruria. 25g, REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) Princess Anne MD



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 24 hours after death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY the 1 s 1 s b. COUNTY Wicomico Larvland Wicomico etely filled in by the rbon papers. Pages 1, within 72 hours after MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Salisburv Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Peninsula General Hospital Davis Street NOT YES completely five carbon p law requires that the death certificate be executed within 3. NAME DE Middle Last DATE Month Year DECEASED (Type or print) (Lula) LYDIA LOUISE MOORE Sentomber DEATH 1966 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | FUNOER 24 HRS. last birthday) | Months | Days | Hours | Min. permit then please remove tion, or removal, and in any ev Waite Female WIDOWED [DIVORCED Jan. 22, 1886 80 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? H usawife USa Wicomico County . Laryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John P. Phippin Sarah Jane Hastings 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) William J. Moore (Husband) been signed by the are the burial-transit percur or to burial, cremation, o 21/1-10-82/12 Davis Street. isbury. INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating the as th underlying cause last. (c) CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate h thed for use of Health p NO 🖂 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enterpeture of injury in Part I or Part II of Item 18.) OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ache (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While After be Stat retained by at work at work 70 should th the 21. I certify that (I) (this hospital) attended the deceased from 19. C. to. 3 should with the and that death occurred at 12 AM, from the causes and on the date stated above. 1966 saw the deceased alive on DATE SIGNED 22a. SIGNATURE page STAFF PHYS. DIRECTOR TO HOSPITAL O Page 4 may 1 To funeral Di M.D. ADDRESS 22c. PHYS/CIAN'S 22d. director, p NAME (Type) Inslev Street. wain Salisbury, Maryland 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. REMOVAL (Specify) burial Salisbury. Cemetery Parsons REGISTRAR'S SIGNATURE REC'D BY REGISTRAR | 25b. FUNERAL DIRECTOR & COMPANY, SALISBURY, MARYLAND VR A15 (4) DATES 20M 1/65

• my ?

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. The law requires that the death certificate be executed within 24 hours after death. filled in by the funeral papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution o SIAIF o. COUNTY Wicomico **b** COUNTY Wicomico ease remave carban papers. Pages 1 and in any event, within 72 haurs after MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b CTY OR TOWN (flautside carparate limits ¿ LENGTH OF STAY IN 15 write RURAL and give nearest town) Salisbury Salisbury e IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS ON A FARM? Hospital Peninsula General 103 Prince Street YES NO TO MAYADIR SOLOS 3 NAME OF hysician and campletely f en please remave carban 4. DATE Manth Year DECEASED (Type or print) ALLEN 5 19 DEATH SFX AGE (In years IF UNDER 24 HRS COLOR OR RACE IF UNDER 1 YEAR 7 MARRIED **NEVER MARRIED** birthday Days last Manths Hours WIDOWED DIVORCED Feb. 17.1898 13 TDo USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Maintaing clerk Elect.Supply Co. Pennsylvania
14. MOTHER'S MAIDEN NAME USA 13. FATHER S NAME burial, crematian, ar remayal, (unk. Myers Mamie Green WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO . INFORMANT (Wife) signed by the attendi burial-transit permit. (Yes, no, or unknown) (If yes give war or dates of service) Myers 103 Prince Street, Salisbury, Maryland 214-10-9667 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH PulmoNB21E COR IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. **DUE TO** mply sena & Fibrio Conditions, if any, which gave rise ta immediate couse (a), DUE TO stating the underlying couse this certificate has been far use as the of Health priar ta PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPS'
PERFORMED? NO YES 🗌 205. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached N/A (IF EITHER, NOTIFY MEDICAL EXAMINER) director, page 3 shauld be detache shauld be filed with the State Dept. TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour a.m. Nat While factory, street, affice blda., etc.) 19 of wark at work O FUNERAL DIRECTOR: After 30, 196 6, that (1) (we) last 21 | certify that (1) (this haspital) attended the deceased fram 1960 and that death accurred at 720/aM, fram causes and an the date stated above. saw the deceased alive an 22g, SIGNATURE 226. DATE SIGNED ATTENDING X DIRECTOR 22d ADDRESS 22c. PHYSICIAN S NAME (Type) Fruitland, Laryland Dr. Robert T 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) Wicomico Memorial Fark Salisbury, waryland 2Sb. REGISTRAR'S SIGNATURE 2Sq REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 HCLLC AY & COMPANY. SALISBURY. MARYLAND



	Ttem 21 Film 380 9-13-66 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13421
HEALTH DEN.	1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission)
2, and 3 to PM3. Page portment of after death	o. COUNTY Wicomico MARYLAND MARYLAND O STATE Maryland Maryla
delay is and 3 to M3. Page Timent of	
de de M3.	write RURAL ond give nearest town) Salisbury (Rural) Hebron
12 ag	d NAME OF HOSPITAL OR INSTITUTION (If not in nospital, give street oddress) d STREET ADDRESS l e S RESIDENCE
ges 1, form form one Delhours	ON A FARM?
ofter death If Cry delay is 8 Give Pages 1, 2, and 3 to along with form PM3. Page with the State Department of within 72 hours after deather	
deat Pa with me St	DECEASED TITTOTATA WATE OUTSIDE
offer d 8 Give along v with the	(Type or print) VIRGINIA MAR OWENS DEATH SEPT. 4th 166 S SEX 6 COLOR OR RACE 7 MARRIED X NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IT UNDER 24 HRS
hours ofter death If a lem 18 Give Pages 1. Office along with form 1 and 2 with the State Deplement within 72 hours of the state with the state Deplement within 72 hours of the state of t	Transplant R 1036 lost britady Months Days Hours Min
m 1 fice id2 ent	100 USUAL OCCUPATION (Give kind of work done 10b Kind of Business or 11 Birthplace (State or foreign country) 12 CITIZEN OF WHAT
ho lev	[du/.ng/most of work no lite-even-frehred] NDUSTRY 1 (DUNTRY ?
and See See See See See See See See See Se	Secretary Accounting Vicomico Co. Maryland USA
thin 24 hours of them 18 them	ol .
d with per Exoremon File and	TO HER DEFECT PUTS II HE ADUST FORTER 14 COURT OF GUILTY HO. 1.2 MEDIANUS
INER: This certificate shauld be executed within 24 hours after death in certificate, writing the word 'pending' in pending ltem 18. Give Page should be forwarded to the Chief Medical Exorginary Office along with files. 3 should be used as a buriol-transit permit. File pages land 2 with the Statish, prior to burial, cremation, or removal, and in any event within 72 has	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ap, or unknown) (If yes give wor or dotes of service) 16 SOCIAL SECURITY NO 17 INFORMANT 18 Welton L. Johnson 18 Mr. Welton L. Johnson 19 Mr. Welton L. Johnson
reco dring edic novi	Main St. (Box 411) Hebron, Maryland
shauld be executed no word 'pending' I to the Chief Medical burial-transit permit.	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) PART I DEATH WAS CAUSED BY ONSET AND DEATH
Tons	IMMEDIATE CAUSE (0) practices leacher
auto vord he (DUE TO
she vo the volume of the volum	Conditions, if ony, which gove (b) (b)
o o creater	stoting the underlying couse DUE TO
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certificate shauld , writing the word orwarded to the C used as a buriol-tr buriol, cremation,	PART II OTHER SIGNIF CANT CONDITIONS CONTR BLT NG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19 WAS AUTOPSY PERFORMED?
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# P 0	200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INURY OCCURRED (Enter noture of inury in Part Lor Port Lof Item 18) PRIMARY ™ or CONTR.BUTING □
INER: e cert shaul files. 3 shou	CAUSE OF DEATH Passenger in car
MEDICAL EXAMINER: This operate secure the certificate, director. Poge 4 should be for pour files. DIRECTOR: Poge 3 should be use a secure of the control of	PERFORMED? YES NO NO 200 EXTERNAL CAUSE WAS PRIMARY IN OF CONTR.BUTING DAY CAUSE OF DEATH 200 TIME OF INJURY Month, Doy, Yeor 200 ADD Stour om While Not White of work Day Wilcomico Co. Maryland
L EXAM lecute the Poge 4 or your or your At Page ated age	4:00 pix 9/4 100 of work a Highway Wicomico Co. Marviand
REDICAL EX.	21. I certify that I took charge of the remains described above, held an Autopsy 🔲, Inspection 💢, Inquiry 💢 and in my opin on
Sign of the Sign o	deoth resulted from: Notural couses , Accident 🗷, Suicide , Homicide , Undetermined monner
ARE eos lirec lain des	ACTUAL . CHIEF MEDICAL EXAMINER 22 DATE SIGNED.
Y A A A A A A A A A A A A A A A A A A A	SIGNATURE ZCCC III CT TUSCC M.D. ASSISTANI MEDICAL EXAMINER L.
EPUTY MEDICA issary, pleose est funerol director. by be retained in NERAL DIRECTO. ith or its design	EXAMINER'S Dr. Phalip A. Insley DEPUTY MEDICAL EXAMINER & Sept. 4 /1966 NAME (Type) Main St. Salt Shurry Manyland Address (Street, city, town, or county) Sept. 4 /1966
TO DEPUTY MEDICAL EXAMINER: T necessary, please execute the certific the funeral director. Page 4 shauld b 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should Health or its designated agent, prior	Mary Main St Salisbury Maryland Many Jane
TO DI nece the 5 5 mc Heal	DERROVAL (Carolis)
0	
VR A15ME (50)	and a work William of high
6M 1/66	HOLLOWAY & COMPANY SALISBURY, MARYLAND DATE SEP 8 1990 1 -



	1	MARYLAND STATE DE Division of STATISTICAL RESEARCH AND RECORDS, 301			201
(M		CERTIFICATE	OF DEATH	1342	2
24 haurs after death ed in by the funeral ppers. Pages I and 772 haurs after debth		PLACE OF DEATH O. COUNTY WICOMICO MARYLAND	2. USUAL RESIDENCE (Where	deceased lived, if institution. Resident	ce before admission)
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nin 24 ha filled in papers, thin 72 h		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) Peninsula General Hospital	d. STREET ADDRESS	ia Street	e is residence On a farm? Yes No
withi ban with	3	NAME OF SHIST MIDDLE AND MIDDLE A	lost 4. D	ATE Month FEATH September	Doy Year 20 19 6 6
caml ave y eve	1	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED E	DATE OF BIRTH 3-27-1903	9. AGE (in years If UNDER I last buthday) Months	
ate be ex kian and lease rem and in an	10c	USUA. OCC. PATION (Give kind of work done ing most of working tite, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote	(0)	TIZEN OF WHAT
th certifica Jim physic There ple remayal, c	13.	Facilis Parsans	14. MOTHER'S MAIDEN NAME. Larloll	e Dashiel	
ne death certifi attending phy permit. There ian, ar remaval	TS (Yi	WAS DECEASED EVER IN U.S. ARMED FORCES? I. SOCIAL SECURITY NO. III yes give wor or dates at service)	Therene Par	son-704 Olive	a St, Salis
that the ion. by the o transit po		18. CAUSE OF DEATH (Enter only one couse per time for (o), (b), and (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ### Armounds Output Armounds Output	run		INTERVAL BETWEEN ONSET AND DEATH
requires that the death g physician. signed by the attending buriel-transit permit. a burial, cremation, ar rei		Conditions, if any, which gave ise to immediate couse (o),	Lugar & retate	is theny	18 ms
the law recated and the law recated and the law been sie as the bhatier tab		stoting the underlying couse OUE IO ost. (c)			
	CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T		· · · · · · · · · · · · · · · · · · ·	19. WAS AUTOPSY PERFORMED? YES NO
PHYSICIAN: he haspiral or this certificate fetached far u a Dept. af Health	AL CERTIFI	200 ACCIDENT WAS JNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
ల≑ౖౖ౼ౢ	MEDICAL	Hour o.m. 19 While Not While foctor of work 19 of work 19	rry, street, office bldg., etc.)		unty) (Stote)
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OR Al be reto DIRECT DIRECT Sheet 3 sheet sheet with led		220. SIGNATURE Deser W. Soul f M.D.	171101	STAFF I	ATE SIGNED 1-26-66
O HOSPITAL OR ATTER Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the		22c PHYSICIAN'S NAME (Type)	22d. ADDRESS		
TO HOSPII Page 4 m TO FUNERA director, shauld b		BURIAL CREMATION 23b DATE THEREOF 23: NAME OF CEMETERY OR CONSTRUCTION 9-24-66 GIVEN Garage	omenth 5	Saliebury Wi	(County) (Stote)
VR A15 (4)	24	FUNERAL DIRECTOR ADDRESS ADDRESS APOPLES ADDRESS	Parles DATE SE	FGISTRAR 256 REGISTRAR'S SI	man Julye



deoth.



1 (M)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
£ 702	CERTIFICATE OF DEATH 13424
after death. the funeral ges 1 and 2 after death	1. PLACE OF DEATH a. COUNTY WICOMICO MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE ARYLAND MARYLAND
হ <u>হ</u> হ হ	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Salisbury C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
filled in by papers. Pag	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
ithin stely for within	Peninsula General Hospital YES NO Last J. DATE Menth / Day / Year /
≥ <u>1</u> 2 2 4	(Type or print) MINNIE KATHRYN YOWE! DEATH EPTENDER 14 1966
ficate be executed within physician empty carbon land in any event, with wat, and in any event, with	FEMALE White WIDOWED DIVORCED Aug. 27, 1889 Last birthday) Months Days Hours Min.
	during most of working life, even if retired) INDUSTRY NONE MARYLAND (15A-
certificat Iding phy Then p removal,	JAMES O. SAVAGE TOSEPHINE BUNTING
e death certifica the attending ph it permit. Then nation, or removal	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address (Yes, no, or prikown) (If yes give war or dates of service)
he d the d sit p	18. CAUSE OF DEATH EEnter only one cause per line for (a), (b), and (c). 1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CALLING FOR CAUSED AND DEATH CHILLIANS ONSET AND DEATH C
ires that the physician. In signed by the burial-transit burial, crem?	72.2 () DUE TO Conditions, If any, which (b)
aw requ ttending has beer as the prior to	gave rise to immediate cause (a), stating the DUE TO
The lar or atto cate har r use a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSICIAN: the hospital this certifi detached fo e Dept. of H	203. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
OR ATTENDING PHYSICIAN. The law requires that the retained by the hospital or attending physician. DIRECTOR: After this certificate has been signed by ge 3 should be detached for use as the burial-transed with the State Dept. of Health prior to burial, created with the State Dept.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While Not While at work at work at work at work
ITENDIN etained L ITOR: Aff should b ith the Si	21. I certify that (!) (this hospital) attended the deceased from 8 20, 1966; to 9 1/4, 1966, that (!) (we) last saw the deceased alive on 1966 and that death occurred at 8 M, from the causes and on the date stated above.
OR AT be ret JIRECT JIRECT JIRECT JIRECT JIRECT Se 3 sl	22a. SIGNATURE 22b. DATE SIGNED
→ ≥ _ a =	22c. PHYSICIAN'S NAME (Type) M.D. PHYS. DIRECTOR PHYS. 7 - 7 - 6 C
TO HOSPITA Page 4 ms TO FUNERAL director, p	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	24. EUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE
VR #15 (4) 20M 1/65	UNDrige Melan, Trankford, Wel. DATE SEP ? C 1866 Pravley Judge



- 1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
= 6/0m &	CERTIFICATE OF DEATH 13425
the funer and 2 shoul	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a. COUNTY)
str.	MARYLAND MARYLAND MARYLAND D. COUNTY
	b. CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)
ı	OWELL VILLE SIVAS OWELLVILLE
I	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street edgless) d. STREET ADDRESS e. IS RESIDENCE ON A FARMS
1	R PD VES X NO [
	3. NAME OF First Middle Last 4 DATE Month Dey Year DECERSED OF
	(Type or print) JOHN EDWARD RAYNE DEATH SEPT 30, 19 61
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 19. AGE III YEAR FUNDER 1 YEAR FUNDER 24 HRS
	F WIDOWED DIVORCED DET, 10 1884 SI yrs. Hours Min.
ı	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired)
ı	TARMER SELFEMP, LOWELLY, LLE MP US A
	13. FATHER'S NAME
	JUHN GILLIS PRYNG MAGGIEDETHARDS
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wer or deless of service)
	NO NO NO MELVIU
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART J. DEATH WAS CAUSED BY: OMSET AND DEATH OMSET AND DEATH
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I	Z PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19. WAS AUTOPS)
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	21. J certify that (I) (this hospital) attended the deceased from 19
	saw the deceased alive on
	ATTENDING MED. STAFF OF SIGNI
	22c. PHYSICIAN'S 22d. ADDRESS
	NAME (Typo) FRANKLIS LEKKIS
	23a. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (Stete)
	REMOVAL ISPACIFY 9-24-66 STI JOHNS POWELLY LE WICCOND
	24 FUNERAL DIRECTOR'S SIGNATURE 1256. REGISTRAR'S SIGNATURE
	Ama D. Burbage Berlin MA. DATE SEP 23 1966 PCharles Judge

MAKYLAND STATE DEPARTMENT OF HEALTH

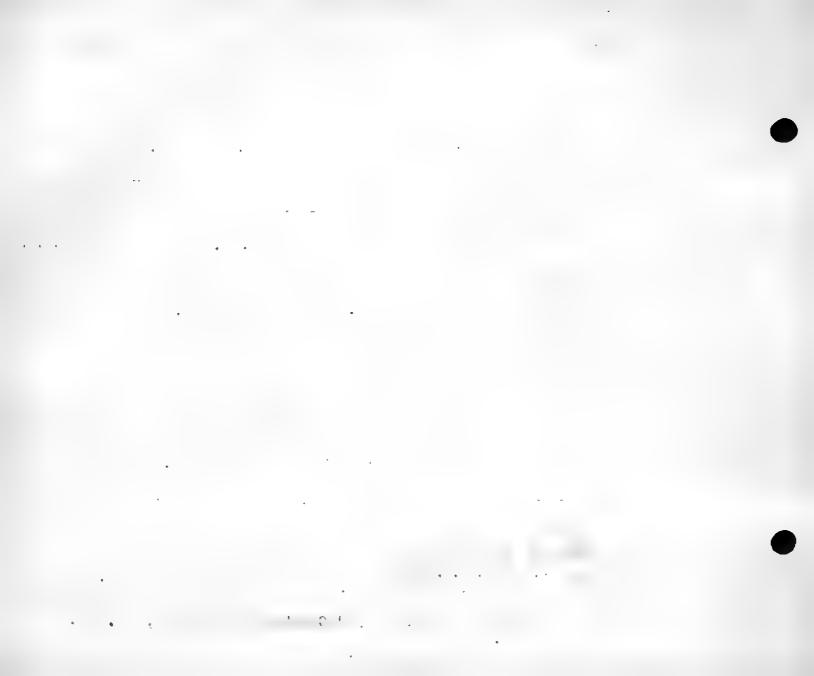


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. and 2 death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE Wicomico **MARYLAND** b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury Ξ KO.Y stely filled in bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address, e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Peninsula General NO . Hospital etely 50 3. NAME OF Middle Last 4. DATE Month Day Year DECEASED (Type or print) DEATH 19 /26 UnoR 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 8. DATE OF BIRTH 7. MARRIED 7 NEVER MARRIED remove апу WIDOWED DIVORCED .5 10a. USUAL OCCUPATION (Give kind of work done i 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) ician lease and ir during most of working life, even if retired) INDUSTRY COUNTRY 3certificate ᆲ FATHER'S NAME MOTHER'S MAIDEN NAME he attending ph permit. Then J remova 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address 5 (Yes, no, or unkown) (If yes give war or dates of service) death transit perm cremation, (the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN law requires that the ONSET AND DEATH been signed by the burial-transit or to burial, crema PART I, DEATH WAS CAUSED BY: attending physician. **DUE TO** Conditions, If any, which rise to Immediate DUF TO (a), stating prior underlying cause last. 88 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate YES | NO [ATTENDING PHYSICIAN: 2D2. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached for the Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While After retained by 19 at work at work p.m. DIRECTOR: At age 3 should lied with the S 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 3:25AM, from the causes and on the date stated above. saw the deceased alive on. SIGNATURE DATE SIGNED 22a. 22b. 2 page MED DIRECTOR M.D. PHYS. DHYSTCIAN'S NAME (Type) director, p. FUNERAL **ADDRESS** 22d. 302 Should (State) 23a. BURIAL, CREMATION, 23b. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or REMOVAL (Specify) 2 ∇ 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR REC'D BY REGISTRAR 166 VR #15 (4) DATE 20M 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o STATE '`Ѣ Wicomico Virginia MARYLAND Department b CTY OR TOWN (If outside corporate I mits, c sENGTH OF STAY IN 16 c CITY OR TOWN (if outside corporate mits, write RURAL and give nearest town) and write RURAL and give nearest town)
Salisbury Norfolk d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital give street address) d STREET ADDRESS S RESIDENCE ON A FARM? haurs 423 E. Ocean Ave. Give Pages DOA Peninsula General Hospital ate YES NO 24 haurs after death NAME OF Eirst DATE Month . ast Doy Year DECEASED TAMMY KAY REED 9-24-66 (Type or print) 19 with.n DEATH S SEX 9 AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE B. DATE OF BIRTH 7 MARRIED NEVER MARRIED lost birthdov) 5-11-66 WIDOWED DIVORCED event 1) BIRTHPLACE (State or foreign country) 100 LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working I fe, even if retired) COUNTRY? NORFOLK, VA. U.S.A. duy ⊑ sabod pencil 14. MOTHER'S MAIDEN NAME be executed within 13. FATHER S NAME _ IRMA BURNSECL GERALD REED and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address rd "pending" in Chief Medical E permit (Yes, no, or unknown) (It was a ve wor or dates of service remayal, MR.JOHN REED TOPEKA. KANSAS CAUSE OF DEATH (Enter only one couse per ne for (o), (b) and (c)) INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY SASELAND DEATH Fractured skull 9 IMMEDIATE CAUSE (o) This certificate should writing the ward crematian. DUE TO Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse lost. 8 burial, a nsed PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? NO X 200 EXTERNAL CAUSE WAS PR MARY OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of more in Port or Port II of Item 1B.) Passenger in auto involved in accident. CAUSE OF DEATH MEDICAL 20d INJURY OCCURRED 20c TIME OF INJURY Month, Day, Year 20e PLACE OF NJURY (Home, form (City or fown) (County) (Stote) Route 13 rect.) FUNERAL DIRECTOR: Page Pocomoke, Worcester, Md. 9-24-6619 of work of work Inspection A 21. I certify that I taok charge of the remains described above, held an Autopsy [7] Inquiry X and in my opinion death resulted from: Natural causes 771. Accident V Suicide . Undetermined manner Homicide CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE TO DEPUTY Earl L. Royer, M.D. Health ar I DEPUTY MEDICAL EXAMINER IX Sept. 26, 1966 1,09 Camden Ave., Salisbury, Md. NAME (Type) Address (Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY 23o. BUR AL, CREMATION, 23b DATE THEREOF 23d LOCATION (City or Town) 0 FOREST LAWN CEMETERY PROREOLK RID. REC'D BY REG STRAR 25b REGISTRAR'S SIGNATURE LEVIN R. WILSON ADDRESS VR A15ME (5) 1966 Wilson Funeral Home, Princess Anne, Md. 6M 1/66

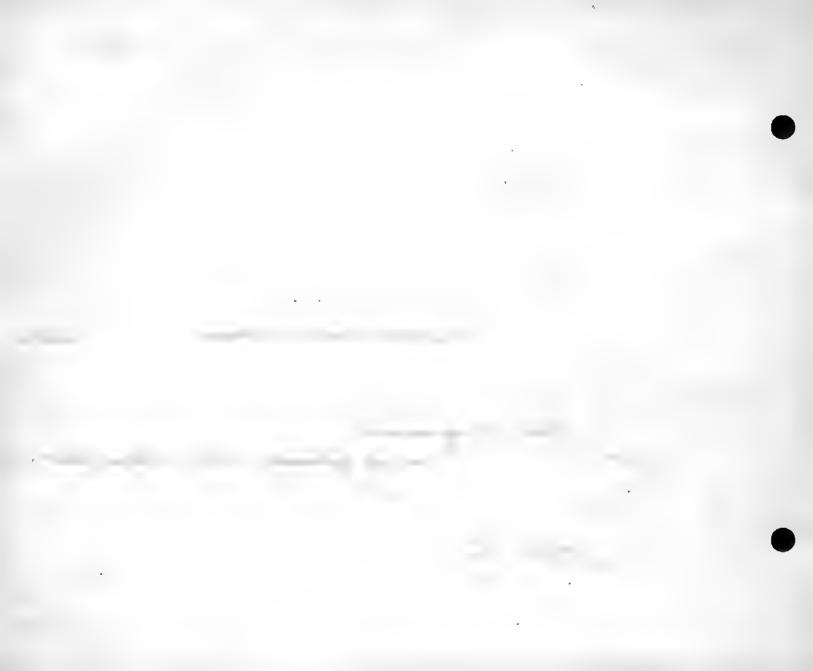
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) dalay 12 wd 3 ta Page o. COUNTY o STATE Maryland b COUNTY Wicomico 40 death Wicomico b CITY OR TOWN (If autside carporate I mits, c LENGTH OF STAY IN 1b. c CITY OR TOWN (If autside carparate limits, write RURAL and a veinegrest tawn) 2, o. P.M3 write RURAL and give nearest town) Mardela Mardela d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE HOURS ON A FARM? Main Street Item 18. Give Pages Office along with far Main Street YES NO hours after dmath. 3 NAME OF First Middle Lost 4 DATE Month Day Year DECEASED 1966 within , GERARD SCHLESINGER DEATH September GEORGE (Type or print) S SEX 9 AGE (In years IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED K NEVER MARRIED B DATE OF BIRTH FUNDER 1 YEAR ost-bythday) Months Hours March 25, 1916 White WIDOWED DIVOR CED Male event and 2 100 USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 1) BIRTHPLACE (State or foreign country) 12 C TIZEN OF WHAT during most of working life, even if retired) INDUSTRY TOUNTRY? Ony New York (City) Physician 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frances Kelsev Martin Schlesinger ية ond IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Mrs. M. Janet Schlesinger (Wife) (Yes, no, or unknown) (If yes give war or dates of service) ar remaval. Main Street, Mardela, Maryland 220-05-5609 Yes War 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET ADDOEATH IMMEDIATE CAUSE (o) e, writing the ward forwarded to the Ch This certificate shauld crematian, DUE TO Conditions, if any, which gave rise to immediate couse (a). DUE TO stoting the underlying couse 88 burias, c lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM HAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? please execute the certificate, NO pe 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Entergrature of injury in Port I or Port I of Item 18 designated agent, prior PR,MARY For CONTRIBUTING should 45 4 CAUSE OF DEATH 20d INJURY OCCURRED 20c TME OF NJJRY Month, Doy, Year 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street office bldg, etc.) Not While Wicomico Co., Marylana 5 19 66 of work of work FUNERAL DIRECTOR: P 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection [X]. Inquiry XI, and in my opinion the funeral director. death resulted fram: Undetermined manner Natural causes Accident Suicide X Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE /1966 Sept. DEPUTY MEDICAL EXAMINER 7 **EXAMINER'S** Earl L. Royer Camden Avenue Health 4 Avenue, Salisbury, Marylanddress (Street, city, town, or county) NAME (Type) 230. BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 90 REMOVAL (Specify) Arlington .966 Arlington Cemetery 24 FUNERAL DIRECTOR 250 REC D BY REGISTRAR & COMPANY, SALISBURY, MARYLAND

DATE

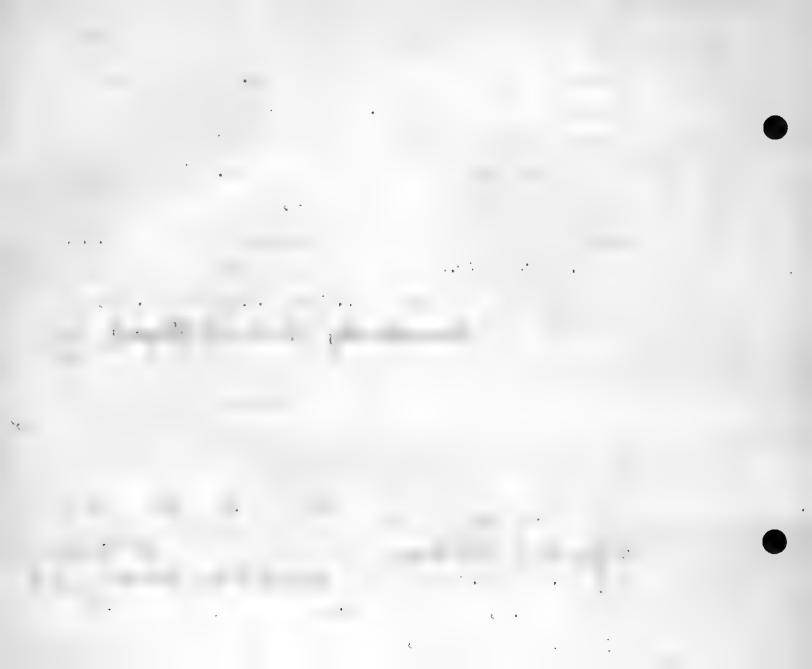
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No. of the last of		M	CERTIFICATE OF DEATH 13429
	24 hours after death.	de de	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
	er d	- d	MARYLAND MARYLAND MARYLAND MARYLAND MARYLAND MARYLAND
	rs after by the	s aff	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
	STUDO OUTS		SALISBURY SNOW HILL
	24 ht filled	200 A	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	E 5	를^()	FON. GENERAL HUSPITA LA VES NO. NO.
	executed within and completely	and in any event, within 72 hours after	3. NAME DF DECEASED (Type or print) Norde E Rist Middle Shock / 4. DATE Month Day Year DF DF DF DEATH Sept 16 1966
	ted Some	S G G	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BUILTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS.
	pul (MALE WIDOWED DIVORCED JULY 20, 1891 75 vrs. Months Days Hours Min.
	e e	. E	10a. USUAL OCCUPATION (Give kind of work done during youst of working life, even if retired) 11. BIRT IPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	cate be	a a l	POINCE TOWN (ET, DERLIN MD 115A
	fical	8	13. FATHER'S NAME
	idin din		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	ath certif	5	(Yes, no, or unknown) (If yes give war or dates of serfice)
	e de		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]
	The law requires that the death certificate be or attending physician, the attending physician attending physician to the proof of the strength of the strengt	burial, cremation, or reg	PART I. DEATH WAS CAUSED BY: IMMEDIATE GAUSE (a) MVOCOVELIAL Inforction ONSET AND DEATH
	taw requires that tatterding physician, that the been signed by	al, c	tau/ pur to
	phy phy	g g	conditions, if any, which agave rise to immediate (b) ASCVD.
	requ ding beer	et	cause (a), stating the DUE TO
	tten tten has	print to	underlying cause last.) (c) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIGUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
	The or a ate	Illially pri	5 Obst. Uropothy Benign Prostatic Hypertrophy YES NO DO
	tific 1		PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CALVE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	hosp cer	pt.	
	DING PHYSICIAN. The law requires that the dby the hospital or attending physician. After this certificate has been signed by	oe getached i State Dept. IIf I	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. p.m. 19 at work at work
	by by	Sta	
	ATTENDI retained CTOR: A	the	21. I certify that (I) (this hospital) attended the deceased from FED 1966, to SEPT 1966, that (I) (we) last
	ATT reta		saw the deceased alive on 16 SE FT 1966, and that death occurred at M, from the causes and on the date stated above.
	8 e 8	ed v	Joseph (Fitzerall M.O. PHYS. MED. TOR STAFF 16 SEPT 66
	ITAL may	- s \	22c. PHYSICIAN'S 22d. ADDRESS 22d. ADDRESS
	TO HOSPITAL OR ATTENDING Page 4 may be retained by TO FUNERAL DIRECTOR: After	chector, page 3 should should be filed with the	JOSEPH III LOEKALD MEDICAL CENTER, MILSONY, MA.
	P. 2. 0.	Spec	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (State)
		0	24. PUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE
	VR AIS	(4) (h)	Frence A. Burbage Beili M. parter 20 1966 yourles Judge
	20M 1/	65	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. death PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Wicomico MARYLAND Penna. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Salisbury Cochituate State College rs. P Hrs. .5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE d. STREET ADDRESS filled Nimitz Avenue re carbon paper: event, within 72 ON A FARM? Peninsula General Hospital NO X YES he executed within completely carbon 3. NAME OF Month Day Middle DATE Year DECEASED JrBEATH Thomas Roy (Type or print) 1966 lem 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years I IF UNDER 1 YEAR IF UNDER 24 HRS. and cor 7. MARRIED NEVER MARRIED X last birthday) Months Days Sept.4,1966 WIDOWED [DIVORCED . 0 Yrs. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT d by the attending physician ransit permit. Then please-f cremation, or removal, and in during most of working life, even If retired) INDUSTRY COUNTRY? U.S.A. Marvland Never Work None law requires that the death certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Nancy Abrams Thomas R. Southworth Sr. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes. no. or unkown) (If yes give war or dates of service) Mr. Thomas R. Southworth Sr., Same None None 18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN been signed the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) or attending physician. DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO (a), stating the underlying cause last. Se CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? PHYSICIAN: The NO K YES 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) tached to Dept. of (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While While Affer ATTENDING p.m. at work at work Colo "0 19_ 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the M. from the causes and on the date stated above. saw the deceased alive on and that death occurred at 1 22a_SIGNATURE DATE SIGNED ATTENDING page DIRECTOR M.D. PHYS. PHYSIC AN'S NAME (Type) Dr TO HOSPITAL ADDRESS FUNERAL 22c. 22d. director, p Alfred C. Kolls (Stat 23c. NAME OF CEMETERY OR CREMATORY LOCATION (Gity, town or county BURIAL, CREMATION, 1 23b. DATE THEREOF REMOVAL (Specify) 2 Parsons Cemetery Salisbury, Maryland Sept. 4.1966 25b. REGISTRAR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR **FUNERAL DIRECTOR** Salisbury, Maryland 1966 A15 (4) Hill Funeral Home 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET. BALTIMORE 1. MARYLAND FOR STATE **MEDICAL EXAMINER'S** HEALTH DERT 2. OSUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH 8. COUNTY b. COUNTY. Maryland Wicomico comico MARYLAND I any delay is necessary, I, 2, and 3 to the funeral PM3. Page 5 may be Department after death. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b Salisbury Salisbury yrs. e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS ON A FARM? State hours a Division St. S. Division St. NO X YES DATE NAME OF Middle 4. Month Day Year DECEASED OF DEATH (Type or print) Leroy Paul Stagg September 6 19 66 8. Give Pages 1, 6. COLOR OR RACE | 7. MARRIED AGE (In years | IF UNDER 1 YEAR | FUNDER 24 HRS 5. SEX DATE OF BIRTH NEVER MARRIED last birthday) Months | Days Hours White WIDOWED I DIVORCED T Male Jan. 2.1907 event 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSE Painter 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) COUNTRY? Maryland U.S.A. EXAMINER: This certificate should be executed within 24 hours after certificate, writing the word "pending" in pencil in Item 18. Git hould be forwarded to the Chief Medical Examiner's Office along 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LOla Rae Stagg LeRoy Stagg 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. RFD #1 (Yes, no er unkown) (If yes give war or dates of service) Westover, 216-14-2127Mrs. LolaRae BBeauchamp. es 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN MISET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit cremation, on cremation, DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the 60 used as a to burial, underlying cause last (C) WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? YES NO 3 should be agent, prior DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part i or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) WEDICAL 20c. TIME OF INJURY Month, Day, Year factory, street, office bidg., etc.) Hour a.m. Not While at work at work and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry FUNERAL DIRECTOR: Natural causes Accident Undetermined manner death resulted frem: Suicide Homicide CHIEF MEDICAL EXAMINER 22. DATE SIGNED **ACTUAL** SIGNATUR for DEPUTY MEDICAL EXAMINER Health EXAMINER'S retained Camden Andress (Santicus longs recount) id director. Earl Rotter MD NAME (Type) 23d. LOCATION (City, town or county) BURIAL, CREMATION. 23c. NAME OF CEMETERY OR COMMISSION REMOVAL (Specify) 0 Buri REC'D BY REGISTRAR 24. FUNERAL DESECTOR 1966 VR A15ME Dénnis Funeral Home, Snow Hill.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death ean and completely filled in by the funeral ease remove carban papers Pages I and and in any event, within 72 hours after dea PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) a COUNTY Wicomico a STATE Maryland b. COUNTY Kent MARYLAND b CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) days Rock Hall Rural Salisbury d NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Deer's Head State Hospital, Salisbury, Md. №0 🔀 YES [NAME OF Middle First 4. DATE OF DEATH Lost Day Yegr 66 DECEASED Romaine William Strong September 16 (Type or print) S SEX 6 COLOR OR RACE 7 MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED birthday) Manths Days Hours Male White 6/27/1880 WIDOWED X DIVORCED 10a. USJAL OCCUPATION (Give kind of work dane 1Db KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRYSA Maryland Farmer owner 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remova Thomas R. Strong Agusta Wickes signed by the attendings, burial-transit permit. In 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT AddiRock Hall, (Yes, no, ar unknown) (If yes give war or dates of service Charlotte Jacquette 36 0634 no 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN CEREBROVASCULAR ACCIDENT IMMEDIATE CAUSE (a) DUE TO CEREBRAL ARTERIOSCLEROSIS Conditions, if any, which gave Yrs rise to immediate cause (a), DUE TO stating the underlying cause this certificate has been ₽ PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CA OF PROSTATE YES DC NG 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Haur a.m. foctory, street, affice bldg., etc.) TO FUNERAL DIRECTOR: After þ 1966 pa Sept. 16, 1966 that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram Sept. 7 Page 4 may be retained and that death accurred at 6:20 M, fram causes and an the date stated above saw the deceased alive an Sept. 16. 1966 226. DATE SIGNED 22a ATTENDING STAFF PHYS \mathbf{x} Sept. 16, 1966 director, page 3 should be filed v M.D. PHYS DIRECTOR 22c. PHYSICIAN'S Head State Hospital, Salisbury, Md NAME (Type) C. H. Winnacott, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b DATE THEREOF (Caunty) (State) TOWN FUNERAL DIRECTOR 2Sa, REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2, death. and death PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, # institution: Residence before admission) bon papers. Pages 1 anithin 7 loners after of b. COUNTY Wicomico Maryland Wicomico MARYLANO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AOORESS e. IS RESIDENCE ON A FARM? 24 Johnson Road NO Johnson Road YES been signed by the attending physician and commetaly the burial transit mermit. Then please earbon purial tremation, or removal, and in the yevent, mithing to burial, cremation, or removal, and in the purial. death certificate be executed within 3. NAME OF First DATE Middle Last Month Oav Year DECEASED DF DEATH (Type or print) ANNTE STRUSH 18 Sept. 1966 6. COLOR OR RACE | 7. MARRIEO 5. SEX OATE OF BIRTH AGE (In years I JF UNDER 1 YEAR UF UNDER 24 HRS 8. NEVER MARRIEO last birthday) Months Days Hours White Female 83 WIDOWEO X DIVORCED [1883 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Housewife Fruitland, Maryland USA none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Grav Margaret (Maggie) Mitchell 15. WAS DECEASED EVER IN U.S. ARMEDFORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Frances Hoppes (Daughter No Zion Road. Salisbury. Laryland CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which certificate has been ched for use as the b pt. of Health prior to b gave rise to immediate OUE TO cause (a), stating underlying cause last (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO? YES NO I 20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF OFATH OESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18.) this certifications for the formal of the fo (IF EITHER, NOTIFY MEDICAL EXAMINER) N/A TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURREO 20e. PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) factory, street, office bldg., etc.) DIRECTOR: After age 3 should be de Hour am While Not While at work at work . 1966 21. I certify that (I) (this hospital) attended the deceased from. 19 66. that (I) (we) last and that death occurred at 124/1 M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING Sept. PHYS. M.D. DIRECTOR FUNERAL Director, page PHYSICIAN'S 22d. ADDRESS TO FUNERAL director, p NAME (Type) Ocean City Rose, Salisbury, Maryland George H. Henni BURIAL, CREMATION, 23b. OATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23c. (State) REMOVAL (Specify) burial Wicomico Memorial Park | Salisbury Waryland ADDRESS | 250. REGISTRAR | 250. REGISTRAR | 250. REGISTRAR SIGNATURE FUNERAL DIRECTOR HOLLOWAY & COMPANY, SALISBURY, MARYLAND Orlando Judg VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral 24 hours after death. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, It institution: Residence before admission) b. COUNTY a. STATE Maryland Wicomico Wicomico MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b þ Salisbury Salisbury .⊑ (Rural) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? completely filled ve carbon papers. within Peninsula General Hospital St. Luke Road NO executed within NAME OF DECEASED First Middle Last DATE Day remove carb (Type or print) (Baby DEATH plember SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) | Months | Days | Hours | Min. DATE OF BIRTH 9. 7. MARRIED [NEVER MARRIED ... and WIDOWED [DIVORCED [Ξ 10a USUAL GCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY Salisbury, Maryland USA death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending po гетома Frances Elizabeth Purcell Victor C. Tindall 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Address ermit. (Yes, no, or unkown) [(Ifyes give war or dates of service) Mr. Victor C. Tindall been signed by the attention to the burial-transit permits to furial, cremation, o 1B. CAUSE OF DEATH [Enter only one cause per ling-for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the ONSET AND DEATH . PART I, DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) 35 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate hashed for use a PERFORMED? NO [YES I PHYSICIAN: 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached fi te Dept. of I DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While While After retained by at work p.m. v Carthat (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from S should with the and that death occurred at & P.M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED é DIR. STAFF PHYS. page ATTENDING MED. DIRECTOR O HOSPITAL PHYSICIAN'S FUNERAL ADDRESS director, p 22c. NAME (Type) Dr. William B. Smith Salisbury, Maryland 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Salisbury, Maryland Sept.12,1966 Parsons Cemetery Burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS HOLLOWAY & COMPANY, SALISBURY, MARYLAND VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH within 24 hours after death. by the funeral Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) Wicomico o STATE MARYLAND b CITY OR TOWN (If outside corporate limits, egise Temove carban papers. Pages offeterany event, within 72 hours aft CLENGTH OF STAY IN 15 CITY OR TOWN outside corporate limits, write RURAL and give nearest town) write RURA. and give negrest town)
Salisbury completely filled in d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? General NO 🗶 Hospital 3 NAME OF Lost DATE Month Doy Year OF DEATH DECEASED ED EMBER 0) (Type or print) requires that the death certificate be executed AGE (In veors S SEX F UNDER YEAR IF UNDER 24 HRS 6 COLOR OR RACE MARRIED NEVER MARRIED lost birthdoy) Months Dovs WIDOWED DIVORCED 100 US_AL OCCUPATION (Give kind of work done BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR working, to even if retired) COUNTRY 3 MOTHER'S MAIDEN NAME buriol, cremation, or removal, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO buriol-tronsit permit. (Yes, no, or unknown) [(If yes give wor or dates of service) CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) PRVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to yd bangis Poge 4 moy be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to 'mmediate couse (a). DUE TO stoting the underlying couse director, page 3 should be detached for use as the should be filed with the Stote Dept. of Health prior ta hos been lost WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO YES TO FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port (or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg, etc.) Not While 19 at work of work 21. I certify that (1) (this haspital) attended the deceased fram e and that death accurred at 834M, from causes and an the date stated above saw the deceased alive an 22o. SIGNATURE ATTENDING M.D. DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN S NAME (Type) BURIAL, CREMATION DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) orne 24. FUNERAL DIRECTOR 2So REC D BY REGISTRAR REGISTRAR S SIGNATURE VR A15 (4)



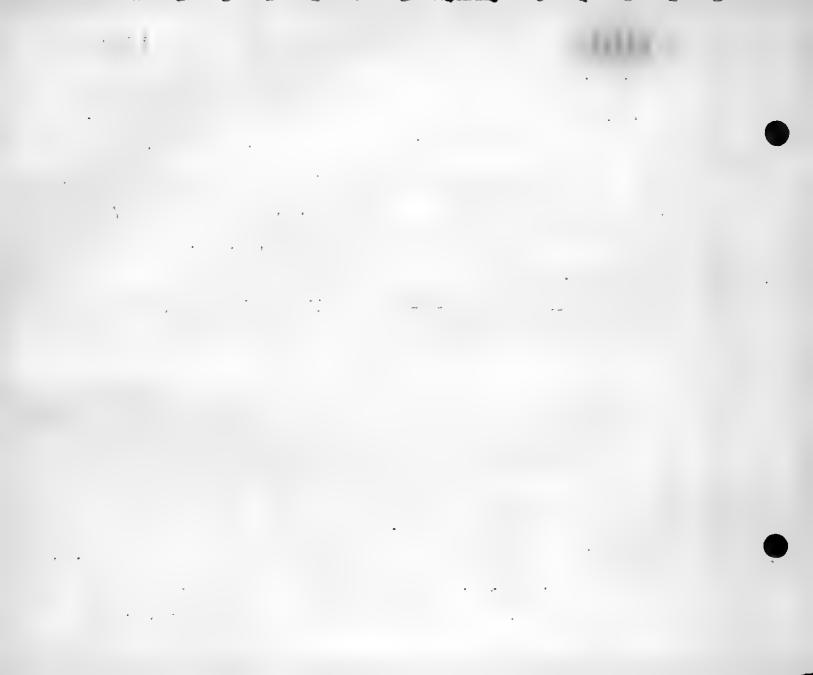
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY Wicomico o. STATE b. COUNTY ease remove carban papers Pages 1 and in any event, within 72 hours after MARYIAND Ma.vland Wicomico b CITY OR TOWN (f outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Shad Point Salisbury Rt. Salisbury d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS ON A FARM? filled 1 Rt. J Peninsula General Hospital NO 3. NAME OF DECEASED Middle Lost 4. DATE Manth and campletely Doy William (Type or pont) wnden DEATH 7 MARRIED XX DATE OF BIRTH NEVER MARRIED AGE years lost birthooy) Months Days Hours WIDOWED DIVORCED Sept. 29,1902 10b. KIND OF BUSINESS OR Do USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) 2 CIT ZEN OF WHAT physician a during most of working life, even if retired) INDUSTRY COUNTRY? Farmer Farming Wicomico, Ma gland 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME William J. Townsend Sarah Jane Smith WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Marie T. Townsend(Wife)
Shad Point, Salisbury, backling with the control of the c (Yes, no, or unknown) (If yes give wor or dotes of service 9 Mars. Marie T. Townsend (Wife) 216-38-9909 burial cremation. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (t).
PART I. DEATH WAS CAUSED BY burial-transit IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. signed by DUE TO Conditions, if any, which gove rise to immediate couse (a), DHE TO as the prior to b stating the underlying couse has been last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6) WAS AUTOPSY PERFORMED? of Health ruce NO O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us YES -205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I of Part II of Item 18.) 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER directar, page 3 shauld be detache shauld be filed with the State Dept. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg, etc.) Not While ot work 1964 that (I) (we) last 9115 21. I certify that (I) (this haspital) attended the deceased fram. 136M, fram causes and an the date stated abave. , and that death accurred at saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED CONCILLOR XMD_ ATTENDING PHYS DIRECTOR PHYS 22d ADDRESS 22c PHYSICIAN S NAME (Type) Dr Rufus S. Gardner, Jr Medical Center, Salisbury 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) Shad Point Cemetery Shad Point, dic. Buri wirvland 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2So REC'D BY REGISTRAR VR A15 (4) & COMPANY, SALIS_UHY, MARYLAND 1966 HOLLOWAY 20 M 1/66 DATE



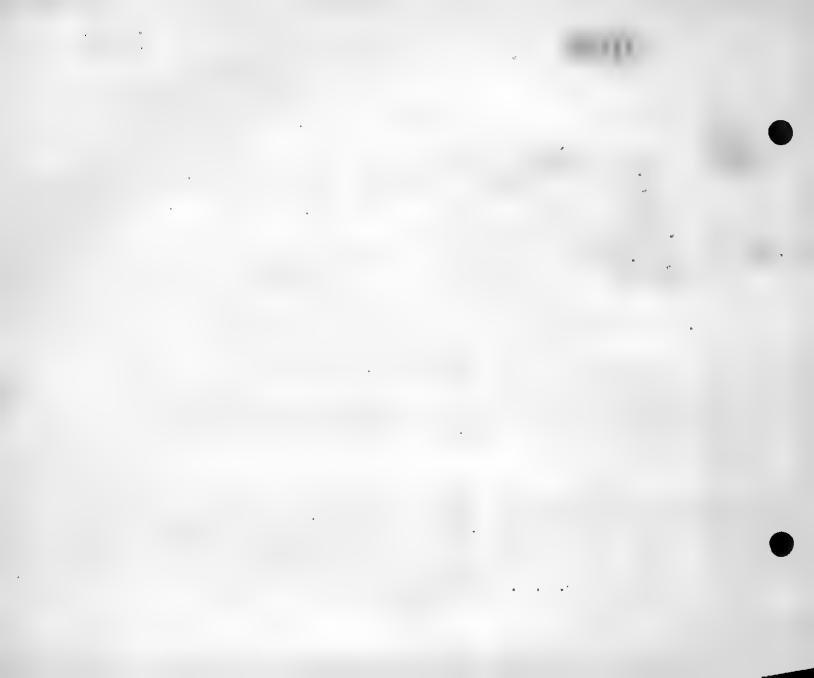
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 143 and 2 death. requires that the death certificate be executed within 24 haurs after death it an and completely filled in by the funeral base remave carban papers Pages 1 and and in any event, within 72 haurs after deat PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution o. COUNTY a. STATE b. COUNTY Wicomico MARYLAND Maryland Wiocmico b CITY OR TOWN (If autside carparate limits, c EITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b write RURAL and give nearest fown) Salisbury 1 Wk. Salisbury d NAME OF HOSP TAL OR INSTITUTION (If not in hospital give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Wicomico Nursing Home Ellegood St. NO X YES 🗔 NAME OF First Middle 4 DATE Lost Manth Year Day **OECEASEO** CARRIE WILLIAMS TRAVERS (Type or print) DEATH 1.6 19 66 S SEX 6 COLOR OR RACE IF UNDER I YEAR IF UNDER 24 HRS 8. DATE OF BIRTH AGE (in years 7. MARRIED NEVER MARRIED last birthday) Months Days Haurs White 2/21/1878 Female WIDOWED K DIVORCED TOP KIND OF BUSINESS OR 10o USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Housewife INDUSTRY COUNTRY? Maryland own Home II.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending phe burial-transit permit. Then burial, crematian, or remay George Williams Suzannah Moore the attending 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) [(If yes give wor or dates of service) No Unknown Mrs. Willa T. Culver. Same CAUSE OF OEATH (Enter only one couse per one for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gave rise to immediate cause (a), **DUE TO** stating the underlying cause as the prior tal be retained by the haspital ar attending a FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION be detached far use State Dept. af Health NO K YES 20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Oay, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) factory, street, office bldg, etc.) Not While at work 1966, that (+) (we) last 21. I certify that (I) (this hospital) attended the deceased fram. director, page 3 shauld shauld be filed with the ak, and that death accurred at 15/5/ M. fram causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 22a SIGNATURE MED DIRECTOR STAFF ATTENDING 9-19-1966 M.D. PHYS 22d, AOORESS 22c PHYSICIANS Page 4 may NAME (Type) Fruitland, Maryland 23c NAME OF CEMETERY OR CREMATORY 23g BURIAL CREMATION. 23b DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 9-18-1966 Wicomico Memorial Park Salisbury, Maryland Burial 2Sb REGISTRAR S SIGNATURE 250 REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 1966 Hill Funeral Home Salisbury, Maryland



# 1 =	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
DE WAY	13444 CERTIFICATE OF DEATH 13438
rs after death. by the funeral Pages 1 and 2 urs after death	1. PLACE OF DEATH a. COUNTY Wicomico MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Wicomico C. LENGTH OF STAY IN 1b Wirthe RURAL and give nearest town)
rithin 24 hours etely filled in by bon papers. Pa	Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Peninsula General Hospital 3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED
ate be executed within 24 hours after hysician and completely filled in by the iplease remove carbon papers. Pages 1 al, and in any event, within 72 hours after	(Type or print) (Type
fres that the death certificate be physician is signed by the attending physician burial transit permit. Then, please burial, cremation, or removal, and i	Adolphus J. Tull 15. Was deceased ever in u.s. armed forces? (Yes, no, or unknown) (If yes give war or dates of service) No 214-10-7532 Mrs. Mary C. Tull (Wife) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).1 PART 1. DEATH WAS CAUSED BY: Cala A. (a), (b), and (c).1
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached for use as the burial-transit should be filed with the State Dept. of Health prior to burial, crema	Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO DUE TO OUR TO
PHYSICIAM: The lathe hospital or ather this certificate whetched for use to Dept. of Health per	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
ENDING PHY ined by the R. After this ould be deta the State De	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased from 255, 1965, to 27.5, that (I) (this hospital)
HOSPITAL OR ATTENDINGS A may be retained FUNERAL DIRECTOR. Prector, page 3 should be filed with the	saw the deceased alive on 13 19 and that death occurred at 2/25 M, from the causes and on the date stated above. 22a. SIGNATORE 22b. DATE SIGNED ATTENDING MED. DIRECTOR PHYS. Sept. 3, 1966 22c. WHYSICIAN'S NAME (Type) Dr. George H. Henning Salisbury, Maryland
TO HC Page TO FU direc	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Sept. 6,1966 Wicomico Memorial Park Salisbury, Maryland 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4) 20M 1/65	HOLLOWAY & COMPANY, SALISBURY, MARYLAND DATE SEP 8 1966 golden Judge

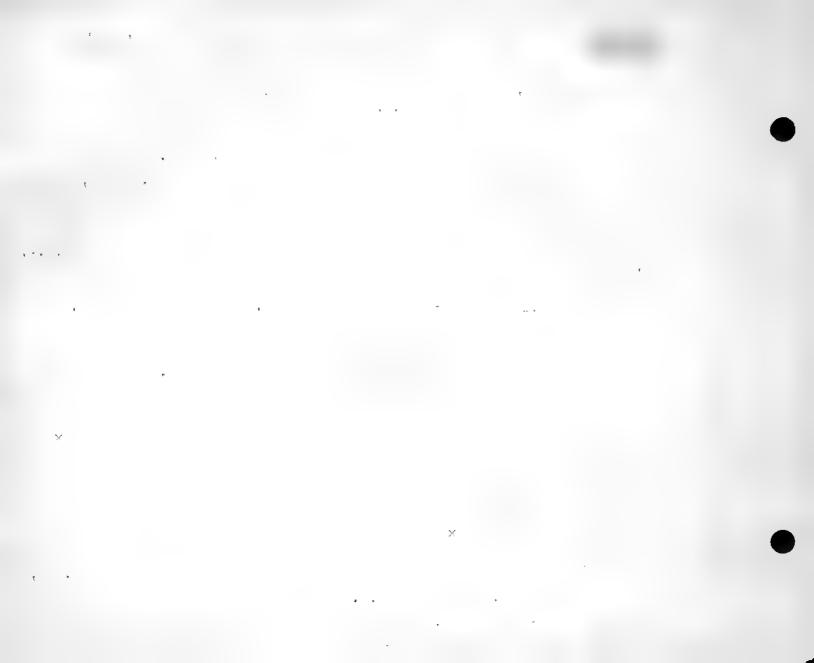


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 73445 death requires that the death certificate be executed within 24 haurs after death. completely filled in by the funeral lave carban papers. Pages I and y event, within 72 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission)/ p. COUNTY o. STATE b. COUNTY WICOMICO MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write RURA, and a ve nearest town) C. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) li days Roval Oak Salisbury. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENC ON A FARMA YES NO Deer's Head State Hospital 3 NAME OF Middle Lost 4 DATE Month Dov Year DECEASED OF DEATH Wallace Elizabeth September 16 19 66 Helen (Type or print) IF UNDER I YEAR IF UNDER 24 HRS. SEX 6 COLOR OR RACE 7. MARRIED DATE OF BRIH AGE In years NEVER MARRIED please remave birthdoy) Months Dovs Hours WIDOWED DIVORCED Female Negro and (10o USUAL OCCUPATION (G've kind of work done 106 KIND OF BUSINESS OR 12 CITIZEN OF ANDAL 11 BIRTHPLACE (Countwell during-most of working life, even if retired) COUNTRY signed by the attending physician burial-transit permit. Then please burial, cremaval dress MADORFE 13. FATHER'S NAME MOTHER'S MAIDEN NAM INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 18 CAUSE OF DEATH (Enter only one couse per one for (o), (b), and (c)) INTERVAL BETWEE ONSET AND DEATH PART I. DEATH WAS CAUSED BY Acute myocardial infarction IMMEDIATE CAUSE (o) physician DUE TO Generalized arteriosclerosis Conditions, if any, which gove vears rise to immediate couse (a), DUE TO stoting the underlying couse by the haspital or attending d far use as the af Health priar ta TO FUNERAL DIRECTOR: After this certificate has been lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? Diabetes mellitus NO 20o ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) foctory, street, office bldg, etc.) Hour o.m Not While ot work ot work deceased from Sept. 12 , 19 66 , to Sept 16 , 19 66 that (I) (we) last 19 66 , and that death accurred a 2:402 M, from causes and on the date stated above. 21. I certify that (I) (this hospital) attended the deceased fram Sept. 12 Page 4 may be retained shauld saw the deceased blive an Sept. 16 22b. DATE SIGNED 22o. SIGNATURE ATTENDING /16/66 M.D. DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) Dr. L. V. Maldve Deer's Head State Hospital Salisbury shauld be directar, 23b DATE THEREOF 236-NAME OF CEMETERY OR CREMATORY 23d_LOCATION (City or Town) 230. BURIAL CREMATION (Stote) BEMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4)



1 (1)		Divisio	n of STATISTICAL RE	MARYLAND STATE D SEARCH AND RECORDS, 3			LAND 21201
FOR STATE		13446		EDICAL EXAMINER'S			13440
HEALTH DEPT.		PLACE OF DEATH o. COUNTY					ion: Residence before admission)
to to the the total to the total the			wry lilicani	MARYLAND	a. STATE	l and	licomico
ath If Crry delay is ogs 1, 2, and 3 to ith farm PM3. Page State Department of 2 hours after death.		Salish b CTY OR TOWN (If autside write RURAL and give no	e corporate limits	C LENGTH OF STAY N 16		utside corporate limits, write RU	RAL and give neorest town)
P. G. d.		Salisbur d. NAME OF HOSPITAL OR IN	'V	life?	d. STREET ADDRESS	shurv	. 2 . ,
					d. STREET ADDRESS		e IS RESIDENCE DN A FARM?
Pogns 1, with farm farm e Stote De 72 hours		Peninsu	la General H	lospital	316 Pools	r Hill Guo	YES NO
Pog Pog ith Sto		NAME OF DECEASED	First	Midd e	Las†	4 DATE Mon	
Give F ong with the		(Type or prant)	DE OR RACE 7. MARRI	Ual.	ler	OF DEATH Sept.	
after 8 Gin along along	5	SEX 6 CDU	DR OR RACE 7. MARRI	ED NEVER MARR ED	8 DATE OF BIRTH	9 AGE (In years last birthday)	F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
S		male w	hite WIDDW		July 7,1900	SE YES	
offin Offin		SUAL DCCUPATION (Give ki		KIND OF BUSINESS OR	11 BIRTHPLACE (State	or foreign country)	12 C TIZEN DE WHAT COUNTRY?
thin 24 hou and in Hem miner's Offi poges look in ony ele		painter FATHER'S NAME			NOTHER'S MAIDEN	arvland	E°S A
rhin mine pog in o	13.	Henry Wall	on		Farma Ell		
with the Exam	15			16. SDCIAL SECURITY ND. 17	INFORMANT	egood	
This certificate shauld be executed within 24 hours after dmath. If cate, writing the ward "pending" in penal in Item 18. Give Pogilis 1, be forwarded to the Chief Medical Examiner's Office along with farm. be used as a buriol-transit permit. File pages Topic 2 with the State Deriver to burial, cremation, or removal, and in any exempting 72 hours.	(Ye	WAS DECEASED EVER IN U.S s, na, or unknown) (if yes g: No	ve war ar dates af service)			Bounds, Salis	***
end end men		THE PART DEATH WAS	ter anly ane cause per line	far (o), (b), and (c).)			INTERVAL BETWEEN DNSET AND DEATH
thiel Trans		IN	MEDIATE CAUSE (o)	Congastion and	Eedema of	Lunos	minutes
ate shauld the ward of to the C. o buriol-tr		<i>L.f.</i> Canditions, fany which o	DUE TD	_		_	
shr o th buri		rise to immediate cause	(0)	lypertrophy and	<u> Dilatatio</u>	n of Heart.	years
ate g # sd 1		stating the underlying co					
certifica orwarde orsed os burial, c) (c)	G TD DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE AND	AD The Court to SART 16-1	19 WAS AUTOPSY
certif orwar used buria	<u>S</u>	PART II DIFFER SIGNIFICAN	נו כשטווטאנג (טאיאוטטווי	IG ID DEATH BUT NUT KEERIED ID	THE TEKNINGE DISEASE CO	ND I DN GIVEN IV PART I(d)	PERFORMED?
This for the first the fir	3	20a EXTERNAL CAUSE WAS	2015	DESCRIBE HOW INJURY OCCURRED	(fotor patire of inun, in	Part I or Part II of tom IP)	YES NO
MEDICAL EXAMINER: This pleam Execute the certificate, director. Page 4 shauld be foreigned for your files DIRECTOR: Page 3 should be used to b	A CERT F CATION	PRIMARY I or CDNTRIBUTI CAUSE DE DEATH	NG 🗆			<u> </u>	
AIN he she she she she she she she she she	MEDICAL	20c. TIME DE INJURY Mar Haur a.m.	,		ACE DF INJURY (Hame, farr ctary, street, affice bldg, etc	n 20f (City ar town)	(County) (State)
XAN XAN Te t Your Your	=	p.m.	19 ot s	work 🔲 at wark 🔲	,, ,		
AL Executive Pogram Pog		21 I certify that		remoins described above, h		,	ury . ond in my opin on
igi Ce da in		deoth resulted from	m: Notural causes	Accident [, Sui		<u> </u>	оллег 🔲
MEDICA Heoman director etained DIRECTO		ACTUAL	13.171	Pullared	CHIEF MEDICAL	A A	22. DATE SIGNED
Y M ple ol di ol di ret		SIGNATURE	mym pa	mont		DICAL EXAMINER	Sept. 18,196
necessary, pleom Execute the transfer of the transfer of director. Page 4 5 may be retained for your to FuneRal DIRECTOR: Page Health or its designated age		EXAMINER'S NAME (Type)	64		DEPUTY MEDIC Address (Stree	AL EXAMINER T, city, tawn, or caunty)	nehr. 10,120
FUN may	236	BURIAL CREMATION	ZIS DATE THEREDE	23c NAME OF CEMETERY OR		23d LDCATION (City or To	wn) (County) (State)
B s to o to		REMOVA (Specify)	9-21-1966	Parsons Ceme		Salisbury, M	
R	24	FUNERAL DIRECTOR		ADDRESS	2Sa REC	D BY REGISTRAR 2Sb RE	GISTRAR'S SIGNATURE
VR A15ME (5)		Hill Funeral	Home Sali	isbury, Maryland	DATE S	EP 26 1966	Acharles Judit

make a single of the company of the



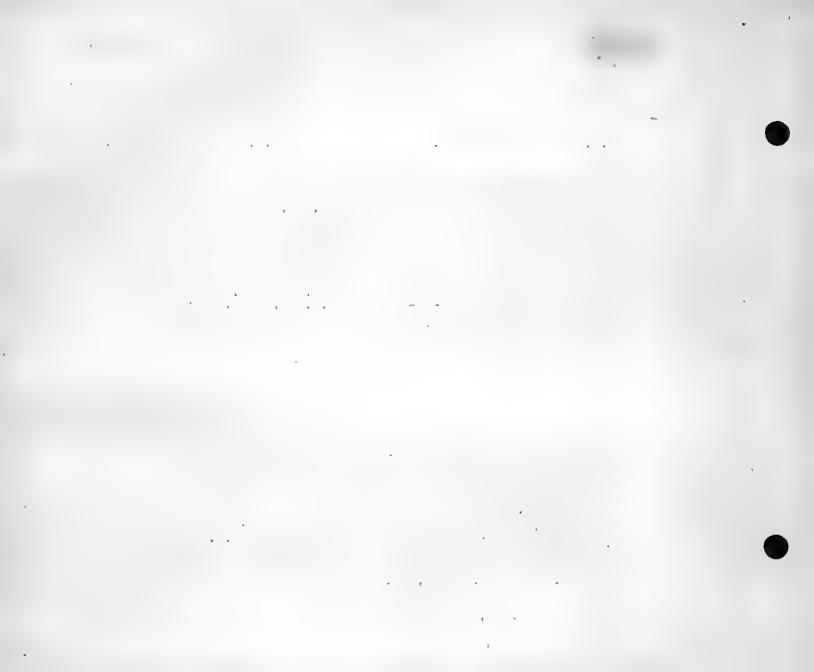
1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
= = ~ ~ M	13447 Thomas CERTIFICATE OF DEATH 13442
24 hours after death filled in by the funeral apers. Pages 1 and 2 nours after death	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, It institution; Residence before admission)
after the fu	Wicomico Maryland Wic.
S aff	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
ii g	Salisbury
filled papers nin 72 h	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	Peninsula General Hospital '707 North Westover Dr. YES NO 3. NAME DF First Middle Last 4. DATE Month Day Year
executed within	3. NAME DF DECEASED (Type or print) NAME DF DECEASED (Type or print) NAME DF DATE Month Day Year DF DEATH SEPTEMBER 13 19 66
ted com	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. OATE OF BIRTIN 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
in and	MARE NEGRO WIOWED DIVORCED SERT (2.66 C. VIS. 1)
ian se	10a. USUAL DCCUPATION (Cive kind of work done during most of working life, even if retired) 10b. KIND DF BUSINESS DR III BIRTHPLACE (County & State, or foreign country) 11c. CITIZEN OF WHAT COUNTRY COUNTR
cate be physician n please /al, and ir	Wremo Co US.A
ifical g phi en p	13. FATHER'S MAIDEN NAME
certifica Iding ph Then removal	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Address
The law requires that the death certificate be or attending physician. sate has been signed by the attending physician use as the burial-transit permit. Then please, saith prior to burial, cremation, or removal, and it	(Yes, no, or unknown), (If yes give war or dates of service)
e de the it pe	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]
es that the deal bhysician. signed by the al urial-transit perr urial, cremation,	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Smarter to 625 Sm 344.16 mi
ysici ysici gne ial-t	A DUE TO
uires ti g physi en sign burial	Conditions, If any, which (b) (b)
requir ding p been the b or to b	cause (a), stating the DUE TO underlying cause last.
law re attendi has bo e as th	
i. The la al or at ficate h for use Health	PERFORMED? YES NO
of Et al	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 202. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 203. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
HYSICI he hosi this ce letache Dept.	
PHYSI the hor r this detacl	ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. While Not While at work at work at work
DING PE ed by th After t d be de e State	
TENDI tained 10R: # hould hould	21. I certify that (I) (this hospital) attended the deceased from 1/2, 19/6, to 1/3, 19/6, that (I) (we) last saw the deceased alive on 1/3, 19/6, and that death occurred at 1/2 M, from the causes and on the date stated above.
A ATTE P retail RECTO 3 sho with 1	22a. SIGNATURE 22b. DAJE SIGNED
DIR DIR Filed	M.O. ATTENDING MED. STAFF D 9/13/66
PITA 4 m2 ERAL or, P	22C. PHYSIDIAN'S NAME (Type) DANIEL ANDERSON 22d. ADDRÉSS
TO HOSPITAL OR ATTEN Page 4 may be retaine O FUNERAL DIRECTOR: director, page 3 should be filed with th	23a. BURIAL, CREMATION, 230. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d (LOCATION City, town or county) / (State)
5 5 5 5 S	Dureni Sept 18.66 Gran area allesiary my
60	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR AI5 (4)	Joseph Milled DATE SEP 20 1966 / DATE SEP 20 1966



1 -	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
M	23448 T. CERTIFICATE OF DEATH 13443
24 hours after death. filled in by the funeral apers. Pages 1 and 2 nn 72 hours after death.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
er 1	Wicomico MARYLAND B. COUNTY
by the Pages 1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
in by Page hours	Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
24 hc filled i papers. Jin 72 h	I ON A FARM?
	Peninsula General Hospital 707 North Westover Dr. YES NOK
executed within 2 and completely fill remove carbon par any event, within	3. NAME Dr DECEASED (Type or print) TwinII Whale V DATE Month Day Year OF DEATH September 12-19-66
com	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS.
executed and corremove	MALE REGRO WIDOWED DIVORCED September 12, 1940 yrs.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR LILE BIRTHPLACE (County & State, or foreign country) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ate be lysters please I, and	13. FATHER'S NAME (14. MOTHER'S MAIDEN NAME
certificat Iding phy Then p removal,	AUDOFUL II HALA TO ANUE DEIX NO !!
sath certifi attending ermit. Then n, or remov	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
The law requires that the death certificate be or attending physician. Sate has been signed by the attending physicial use as the burial-transit permit. Then pisase satth prior to burial, cremation, or removal, and	(Yes, no, or unkown) (If yes give war or dates of service)
iaw requires that the de stending physician. has been signed by the e as the burial-transit pe prior to burial, crematio	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY. ONSET AND DEATH
at the san the	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IN MISTURY DIVINGE AND DEATH ADDIVID
s th nysic igne rial-i	Conditions, If any, which I Sil him
autre lg pt en s e bu	gave rise to immediate (U)
v re endir s be s th ior 1	cause (a), stating the DUE IV underlying cause last. (c)
N: The law rectal or attending the control of the c	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
al or ficat for u Heal	YES NO
PHYSICIAN: The the hospital or a this certificate detached for use opt. of Health	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 1B.)
PHYSICIAN the hospit this cert detached te Dept. of	
DING PF ed by th After t d be de e State	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) County
ATTENDING retained by CTOR: After should be vith the Stat	21. I certify that (I) (this hospital) attended the deceased from 2/12, 19 66 to 2/12, 19 66 that (I) (we) last
OR ATTENI OR ATTENI F be retaine DIRECTOR: ge 3 shoul	saw the deceased alive on19_66 and that death occurred at 834 M, from the causes and on the date stated above.
OR A be r or w ed w	22a. SIGHATURE 22b. DAYE SIGNED ATTENDING MED. STAFF 22b. DAYE SIGNED
rat or may be at Dir page filed	22c. PHYSICIANS DIRECTOR PHYS. DIRECTOR PHYS.
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filled with the State Dept. of Health prior to burial, cre	NAME (Type) Medical Center Salishary And
O HOSPITAL Page 4 may O FUNERAL I director, pa	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. (OCATION (City/lown or county) (State)
- F	24. FUNERAL DIRECTOR // ADDRESS 1258. REC'D BY REGISTRAR 1250. REGISTRAR'S SIGNATURE
VR A15 (4)	See my Tolian CER 20 1966 Minutes Judge
20M 1/65	DATE SET A DOOR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 24 hours after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY etely filled in by the furbon papers. Pages 1 and within 72 hours after d b. COUNTY Wicomico MARYLAND Maryland Wicomico CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH DE STAY IN 15 c. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) Eden Eden d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS (Walnut Tree Rd.) R.D.#2(Walnut Tree Rd. Nn completely the carbon p The law requires that the death certificate be executed within 3. NAME DE Middle Last Month DATE Day DECEASED (Type or print) JAMES WALTON WHITE DEATH 1966 September physician and comin please Temove (5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. 7. MARRIED X NEVER MARRIED 9. Wale White WIDOWED [DIVORGED I Oct. 20.1908 10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Wicomico County . Maryland Farmer Farming USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova signed by the attending urial-transit permit. Ther urial, cremation, or remov Noah White Adele Malone 15. WAS DECEASED EVER IN U.S. ARMED FDRCES?
(Yes, no, or unknown) [(If yes give war or dates of service) 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrs. Ethel M. White Eden. Maryland 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET, AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. been signed the burial-tr DUF TO Mesteclesotes Cenditions, if any, which gave rise to Immediate as the prior to **DUE TO** cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY certificate has the for use of Health p PERFORMED? ND D YES T 20a. ACCIDENT WAS UNDERLYING
DR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part | or Part |) of Item 18.) N/A 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) Hour a.m. O FUNERAL DIRECTOR: After director, page 3 should be d should be diled with the State While Not While at work at work 21. I certify that (I) (this hospitely attended the deceased from 9- 2-2 1966 that (1) (we) tast 19 € 19.66 and that death occurred at 2:30M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNAJURE ATTENDING PHYS. DIRECTOR 22c. PHYSICIAN'S ADDRESS NAME (Type) Hubert R. White. Fruitland, Maryland NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREDE 23d. LOCATION (City, town or county) REMOVAL (Specify) Burial Siloam. 1966 Siloam Cemetery warvland 24. FUNERAL DIRECTOR REC'D BY REGISTRAR REGISTRAR'S SIGNATURE HOLLOWAY & COMPANY, SALISBURY, MARYLAND A15 (4) 2DM 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Princate be executed within 24 haurs after death. funeral s PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a. COUNTY Wicomico o. STATE b. COUNTY MARYLAND physician and campletely filled in by the foot please remave carban papers. Pages b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
Salisbury ease remave carban papers. Pages and in any event, within 72 haurs aft c LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol, give street oddress) IS RESIDENCE ON A FARM? Peninsula General Hospital YES T NO 🛣 3 NAME OF DATE Doy Year DECEASED (Type or print) DEATH S SFX FIINDER 1 YEAR 6 COLOR OR RACE 7. MARRIED DATE OF BIRTH "NEVER MARRIED n years last birthdoy) Months Davs Haurs DIVORCED (yrs 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 12 CITIZEN OF WHAT COUNTRY? INDUSTRY tired er 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI or remayal, Then WAS DECEASED EVER IN J.S. ARMED FORCES? 17. INFORMANT Address the attendir permit. (Yes no, or unknown) (If yes give wor or dates of service burial, crematian, CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) signed by DUE TO Conditions, if any which gove rise to immediate cause (o), DUE TO stating the underlying cause Page 4 may be retained by the haspital ar attending **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) NO | 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) 2Dc. TIME OF INJURY Month, Doy, Year (County) (State) Haur a m. factory, street, affice bldg . etc.) Not While 19 at work ot wark 21. I certify that (1) (this haspital) attended the deceased from Servet 25, 1966, to Servet , 19_66 that(i);(we) last 19 66, and that death accurred at 1220 PM, fram causes and an the date stated above. saw the deceased alive an Sext 28 220 SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION DATE THEREOF 23d. LOCATION (City or Town) (Stote) (County) BULL d emet 9 0 **EUNERAL DIRECTOR**



1 6		MARYLAND STATE DE Division of STATISTICAL RESEARCH AND RECORDS, 301		
L' (M		W 00 0 PM 4	OF DEATH	13446
hin 24 hours after death. filled in by the funeral hoapers. Pages 1 and 2 trthin 72 haurs after death.	1	PLACE OF DEATH O COUNTY WICOMICO MARYLAND	2. USUAL RESIDENCE	E (Where deceosed lived, if institut on Residence before admission) LAW RRE SUSSEX
ours after by the fu Pages 1		b CITY OR TOWN (If outside corporate units, write RURAL and give nearest town) Salisbury	DE	outside corporate limits write RURAL and give nearest fown)
filled in papers		d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) Peninsula General Hospital	304E	ELIZABETH ST. e IS RESIDENCE ON A FARM? YES NO
e executed within		A THE PARTY OF THE	ILAMS B DATE OF BIRTH PRIL 28,	4. DATE OF Month Doy Year OF DEATH FIFTH AND FR 20 1966 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min. Yes.
ertificate be ex physician and ren please rem roval, and in an	du	US_ALDC(UPATION (Give kind of work done ing most of working lite, even it retired) REIGHT CONDUCTOR FATHER'S NAME	0 -	
ng phy Then	E	DWIN MERRITT WILLIAMS		STURGES ALLEN
ne death cer attending p permit. The		is, no, or unknown) (If yes give wor or dotes of service)	ELLIE SA	ARKS WILLIAMS DEMAR, VEL
the the material		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) OUE TO (b) Stoting the underlying couse lost. (c)	of Liv	rek and Brain
The law re ratending he has been use as the oith prior to	NOITA	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE	CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
IG PHYSICIAN: To the hospital or of the hospital or of the detached far use the Dept. of Health	L CERTIFICATION	206 ACCIDENT WAS UNDERLYING ☐ 205. DESCRIBE HOW INJURY OCCURRED. OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
A	MEDICAL	Hour o.m. 19 While Not While foch of work	CE OF INJURY (Home, ory, street, office bldg.,	atc.)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. of Health prior to burial, creating the state Dept.		21. I certify that (I) (this hospital) attended the deceased fram saw the deceased alive on the deceased fram 1966, and that 220 SIGNATURE (I)	ATTENDING	at 7574 M, fram causes and an the date stated above. MED. STAFF 22b. DATY SIGNED DIRECTOR PHYS PHYS 9/20/66
TO HOSPITAL Page 4 may TO FUNERAL director, page shauld be file	23	BURIA, CREMATION, 236 DATE THEREOF 236 NAME OF CEMETERY OR SEMOVAL SPECIAL SEPTEM 1966 ODD FELLOW	is Cemene	
VR A15 (4) 20 M 1/66	1/2	JEUNERAL DIRECTOR ADDRESS AD		SEP 2 2 1986 Charles Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY #icomico Waryland Wicomico MARYLAND Pages Irs aft CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b á remove carbon papers. Pag in any event, within 72 hours Salisbury Mardela Ξ. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? filled d. STREET ADDRESS Rt. #1, Ceninsula General Hospital Athol Road ио Г (D.O.A. YES letely . within 3. NAME DE First DATE Month Year Middle Last 4. Day DECEASED WILLING DEATH September compl (Type or print) BERNICE MAE 1966 executed 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Days Hours and Female White April 7,1901 WIDOWED [DIVORCED 65 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT plesician myplesise r COUNTRY? and USA Mardela. Maryland Housewife certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova n signed by the attending burial transit permit. The burial, cremation, or remov Mary Bennett Beauchamp Gillis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. 17. Address death (Yes, no, or unkown) (If yes give war or dates of service) Mr. Raymond Willing (Husband) (Athol Road) wardela. Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which been gave rise to immediate as the l **DUE TO** cause (a), stating the underlying cause last, CERTIFICATION PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM IN ALDISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY r this certificate h detached for use te Dept. of Health r PERFORMED? YES T ND T PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED (State) 20c. TIME OF INJURY Month, Day, Year 12De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) at work Not While be de State I factory, street, office bldg., etc.) Hour a.m. After 19 p.m. u 21. I certify that (I) (this hospital) attended the deceased from ______ ., that (I) (we) last ننه from the causes and on the date stated above. DIRECTOR age 3 sho led with t saw the deceased alive on and that death occurred at 22a. SIGNATURE 22b. DATE SIGNED page filed ATTENDING STAFF Sept. DIRECTOR / PHYS may HOSPITAL O FUNERAL PHYSICIAN'S 22d. ADDRESS 22c. director, p NAME (Type) Mardela, Maryland Fred C. Quinn Page (State) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23a. BURIAL, CREMATION, REMOVAL (Specify) Mardela Cemetery 966 Mardela, Maryland Burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) HOLLOWAY & COMPANY, SALISBURY, MARYLAND 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death death and sician and campletely filled in by the funeral please remaye carban papers. Pages 1 and 2 USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Wicomico County MARYLAND Maryland. Worcester b CITY OR TOWN (If acts de carporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURA, and give nearest town) 1071 Days Salisbury Ocean City d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS ON A FARM? Deer's Head State Hospital, Salisbury, Md. 107 Caroline St. YES . NO 3 NAME OF Last 4. DATE Month Year DECEASED OF 19 66 (Type or print) F.7 ma Mae DEATH Wise IF JNDER 1 YEAR S SEX 6 COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. / MARRIED NEVER MARRIED lost birthdoy) Months Hours Female White WIDOWED DIVORCED 6 100 USUAL OCCUPATION (Give kind of work done tob, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of work ng life, even if retired) INDUSTRY COUNTRY? OME 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME signed by the attending on burial-transit permit. They WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ISE OCGAN INTERVAL BE WEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bronchopneumonia, bilateral month IMMEDIATE CAUSE (o). the hospital ar attending physician. DUE TO Conditions, if any, which gove Recurrent cerebral thrombosis 4 months rise to immediate couse (o), DUE TO as the priartal stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been fost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? NO [jo 205. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. foctory, street, office bldg., etc.) Not While at work 19.63 , ta 21. I certify that (I) (this haspital) attended the deceased fram. __, 19_66, that (1) (we) last Page 4 may be retained saw the deceased alive an 9/72 19 66, and that death accurred ab: 10P M, fram causes and an the date stated above 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** STAFF PHYS. 9/12/66 M.D DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) Maldve. Deer's Head State Hospital Salisbury Md directar, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d LOCATION (City or Town) (County) 23o. BURIAL CREMATION. (Stote) REMOVAL (Specify) FELLOWS DDD YRNA 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR **FUNERAL DIRECTOR** VR A15 (4) 20 M 1/66 DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH the funeral hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Pages 1 Irs after Somerset Maryland Wicomico MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) þ bon papers. Pag within 72 hours Crisfield Salisbury 12 days 9 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? filled d. STREET ADDRESS Jacksonville Rd. Peninsula General Hospital No DC YES death certificate be executed within completely carbon NAME DE DATE Middle Last Month Day Year DECEASED event. M. Jr . DEATH (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX DATE OF BIRTH AGE (In years | FUNDER 1 YEAR | FUNDER 24 HRS | last birthday) | Months | Days | Hours | Min. еточе Months Days Hours and any May 14, 1916 WIDOWED [DIVORCED ermit. Then please re ermit. Then please re m, or removal, and in 10a. USUAL OCCUPATION (Give kind of work done I 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Seafood USA Producer & Dealer Crisfield, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles M. Woolston, Sr. Willie Mae Landon 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT igned by the attencial-transit permit. 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Elizabeth Woolston. Same as 2. abcd 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PHYSICIAN: The law requires that the the hospital or attending physician. signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Jings been s, the burial, r DUE TO Cenditions. If any, which (b) gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICAT 20a, ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) NO X DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part | or Part |) of Item 18.) detached f te Dept. of MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (County) (State) After the de de State factory, street, office bldg., etc.) Hour a.m. Not While retained by p.m. at work at work DIRECTOR: Af 21. I certify that (!) (this-hespitel) attended the deceased from and that death occurred at 7:50 M. from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE DATE SIGNED OR be MED. DIRECTOR page M.D. PHYS. Page 4 may director, pa PHYSICIAN'S ADDRESS Thomas C. Hill. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) Burial (Specify) Crisfield, Maryland Sunnyridge Cemetery 1966 ADDRESS FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Bradshaw & Sons, Crisfield, Maryland VR A15 (4) 20M 1/65

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		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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hours f in by s. Pal	-	Salisbury d. NAME OF HOSPITAL OR INSTITUTION (IF not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
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utec		5. SEX 6. COLOR DR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. Jast birthday) Months Days Hours Min.
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OR ATTENDING PHYSICIAN. The law requires that the death certificate be retained by the hospital or attending physician. IRECTOR: After this certificate has been signed by the attending physic 3 should be detached for use as the burial-transit permit. There the with the State Dept. of Health prior to burial, cremation, or removel, a		Conditions, If any, which) (b) Chrone Chamer Trans
requir ding p been the b		gave rise to immediate cause (a), stating the DUE TO
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ICIAN: The law reciospital or attenditional certificate has be then for use as the cited for use as the office of the prior to the office of the prior the office of the o	0	PART II. OTHER SICNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
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ING PH I by th Affer t be de State		Hour a.m. While Not While factory, street, office bldg., etc.)
ATTENDING retained by CTOR: After I should be vith the Stal		21. I certify that (I) (this hospital) attended the deceased from 8.2 d, 19 to 9.5, that (I) (we) last
L OR ATTENDI y be retained URECTOR: A age 3 should		saw the deceased alive on 1900, and that death occurred at M, from the causes and on the date stated above.
		M.D. ATTENDING MED. STAFF DIRECTOR DIRE
	1	22c. PHYSICIAN'S NAME (Type) 2 1 22d. ADDRESS 1 1 22d. ADDRESS 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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Pa Pa		BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City town or county) (State)
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